

**NATIONAL SOCIAL ASSISTANCE PROGRAMME IN INDIA:
A CASE STUDY OF INDIRA GANDHI NATIONAL DISABILITY
PENSION SCHEME IN MIZORAM**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
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PHILOSOPHY**

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**NATIONAL SOCIAL ASSISTANCE PROGRAMME IN INDIA:
A CASE STUDY OF INDIRA GANDHI NATIONAL DISABILITY PENSION
SCHEME IN MIZORAM**

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Submitted
In partial fulfillment of the requirement for the Degree of Doctor of Philosophy
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This is to certify that the thesis titled '**National Social Assistance Programme in India: A Case Study of Indira Gandhi National Disability Pension Scheme in Mizoram**' is submitted by **Mr. Johny Lalrammawia** in partial fulfilment for the award of Degree of Doctor of Philosophy (Ph.D) in the Department of Public Administration, Mizoram University, Aizawl.

This Thesis is an original work of his research which has not been used previously and which has not been submitted to any other University for any purpose. He is duly permitted to submit his thesis for examination.

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I **JOHNY LALRAMMAWIA**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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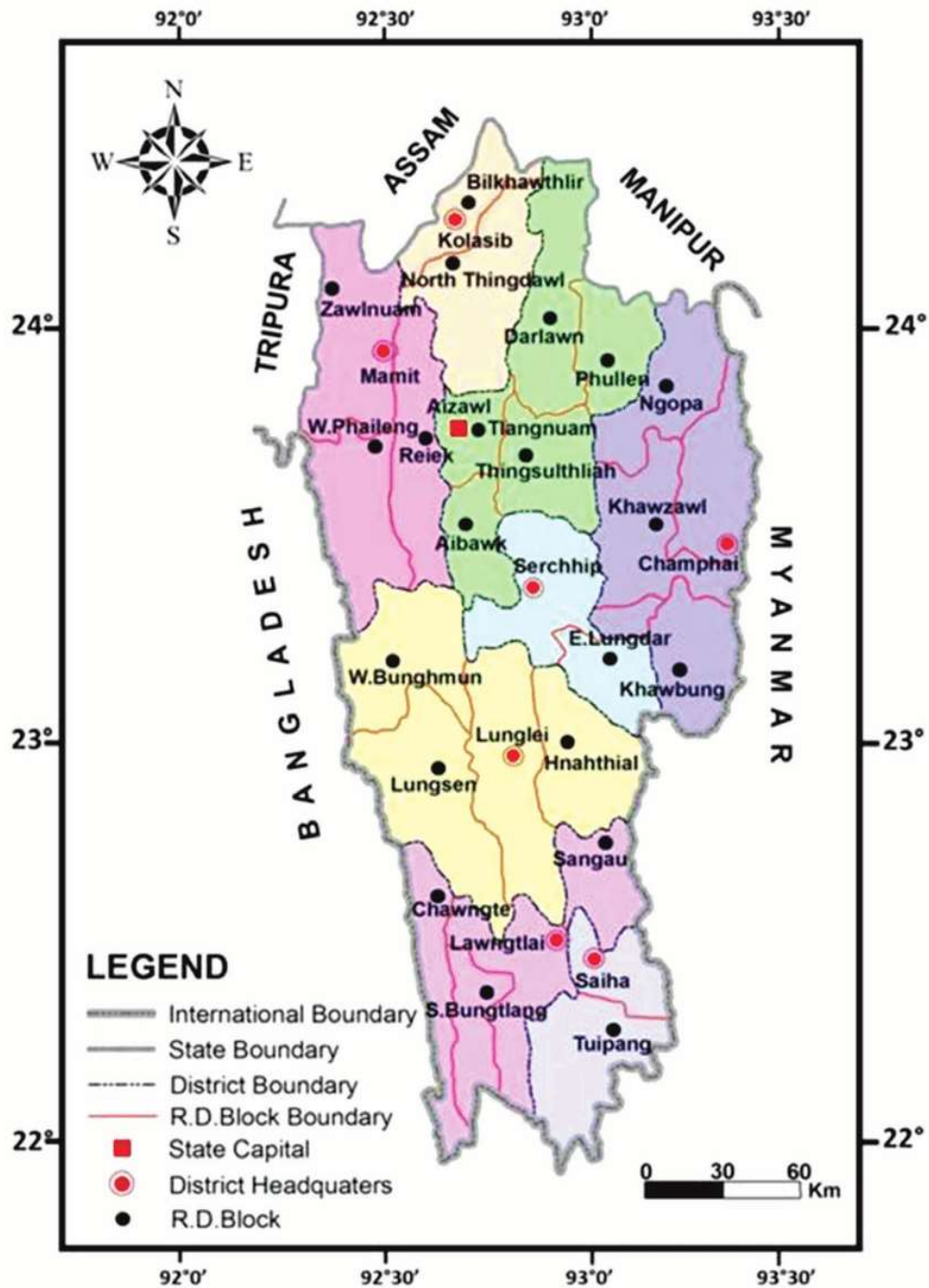
ABBREVIATIONS

AAV	-	Antyodaya Anna Yojana
ACA	-	Additional Central Assistance
ADIP	-	Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances
AMC	-	Aizawl Municipal Corporation
APL	-	Above Poverty Line
AIDS	-	Acquired Immuno Deficiency Syndrome
ART	-	Anti-Retroviral Treatment
AWWs	-	Anganwadi Workers
BNV	-	Bharat Nirman Volunteers
BPL	-	Below Poverty Line
CDPO	-	Child Development Project Officer
CPSMS	-	Central Pension Scheme Monitoring System
DCRC	-	Deaddiction-cum-Rehabilitation Centre
DDO	-	Drawing & Disbursing Officer
DDRCs	-	District Disability Rehabilitation Centres
DDRS	-	Deendayal Disabled Rehabilitation Schemes
DPO	-	District Project Officer
DPSP	-	Directive Principles of State Policy
DRC	-	District Rehabilitation Centre
DRDA	-	District Rural Development Agency
DSWO	-	District Social Welfare Offices
DSWTA	-	Directorate of Social Welfare & Tribal Affairs
EMRS	-	Eklavya Model Residential School
EPIC	-	Electoral Photo Identity Card
GOI	-	Government of India
GOM	-	Government of Mizoram
HIV	-	Human Immuno Deficiency Virus
ICDS	-	Integrated Child Development Services
ICT	-	Information Communication Technology

ICTC	-	Integrated Counselling and Testing Centre
IDEAS	-	Indian Disability Evaluation and Assessment Scale
IGNDPS	-	Indira Gandhi National Disability Pension Scheme
IGNOAPS	-	Indira Gandhi National Old Age Pension Scheme
IGNOU	-	Indira Gandhi National Open University
IGNWPS	-	Indira Gandhi National Widow Pension Scheme
ILO	-	International Labour Organisation
IT	-	Information Technology
LC	-	Local Council
LDC	-	Lower Divisional Clerk
MHCA	-	Mental Health Care Act
MHIP	-	Mizo HmeichheInsuihkhawm Pawl
MIS	-	Mizoram Information Service
MPR	-	Monthly Progress Report
MRB	-	Mizoram Rural Bank
MSD & RB	-	Social Defence& Rehabilitation Board
MSJ & E	-	Ministry of Social Justice & Empowerment
MUP	-	Mizoram Upa Pawl
MWCD	-	Ministry of Women & Child Development
NFBS	-	National Family Benefit Scheme
NCPEDS	-	National Centre for Promotion of Employment of Disabled Persons
NIC	-	National Informatics Centre
NMBS	-	National Maternity Benefit Scheme
NOAPS	-	National Old Age Pension Scheme
NPOP	-	National Policy on Older Pension
NSAP	-	National Social Assistance Programme
ODIC	-	Outreach & Drop-In Centre
OCPwD	-	Office of Commissioner for Persons with Disabilities
PDA	-	Pension Disbursing Authority
PWDs	-	Persons with Disability
RBI	-	Reserve Bank of India

RITC	-	Residential Institute & Training Centre for Tribal Youth
RPwD	-	Rights of Persons with Disabilities
RSBY	-	Rashtriya Shiksha Bhima Yojana
SAGY	-	Saansad Adarsh Gram Yajona
SIPDA	-	Scheme for Implementation of Rights of Persons with Disabilities Act, 2016
SLCA	-	State-Level Coordinating Agency
TRI	-	Support to Tribal Institute
UDC	-	Upper Divisional Clerk
UP	-	Union Territory
VC	-	Village Council
YMA	-	Young Mizo Association

POLITICAL MAP OF MIZORAM



Source: https://www.researchgate.net/figure/Location-map-of-Mizoram-State-Source-by-author_fig1_339133433. Accessed on 12,6,2023.

Chapter - I

INTRODUCTION: A CONCEPTUAL FRAMEWORK

The first chapter is an introductory chapter to the study of the Indira Gandhi National Disability Pension Scheme in Mizoram and provides the conceptual framework of the study including general background information on the components of the National Social Assistance Programme and Indira Gandhi National Disability Pension Scheme in India and Mizoram. The chapter includes social policy, social security in India, constitutional provisions, concept and definition of disability, theoretical framework, etc. The chapter includes a review of the literature, research gap, statement of the problem, scope of the study, objectives of the study, research questions, methodology and chapterisation.

The term social security has been defined differently by experts, resulting in a lack of a universally accepted definition. Social securitization in India can be considered as both a concept and a system. It means protecting those who need special social and economic protection. It is especially relevant in the areas of disablement, retrenchment, death, and sickness, which are beyond the control of the individuals in society. According to the International Labour Organization, "Social Security is the protection that a society provides to individuals and households to ensure access to health care and income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner". This means that Social Security is a right that helps people in times of disability, old age, sickness, and the death of the breadwinner, which further uplifts them socially and economically¹.

The range of social security benefits for both formal and informal workers is extensive. This encompasses various aspects such as medical care through health

¹ J. Suresk Kumar, D. Shobana, (2024). *A Study on Evaluation and Implementation of Indian Social Security Programs and Initiatives in India*. International Journal of Research and Innovation in Social Science. Vol 8. No 3. 2024.

insurance, sickness benefits, and work-related injury benefits as provided by the Workmen Compensation Act of 1923 and the Employees State Insurance Act of 1948. Persons with disabilities are supported through benefits offered by the National Pension Scheme and the National Social Assistance Programme². The Maternity Benefit Act of 1961 ensures that pregnant women are entitled to prenatal and postnatal care, hospitalization if necessary, and a mandatory period of maternity leave lasting six months with the option of additional unpaid leave if needed. Family benefits, including health insurance and gratuity in the case of the primary breadwinner's death, as well as assistance for surviving spouses and children, are provided. Survivors' benefits refer to the ongoing support provided to families following the death of a breadwinner³.

Disability benefits are provided for workers in certain occupations who are at risk of contracting specific diseases related to their work. If a worker contracts an occupational disease, it is considered an employment-related accident, and the employer is responsible for compensating the worker. Maternity benefits in India require employers to pay female workers maternity benefits based on their average daily wage during their absence from work. In addition to 12 weeks of salary, female workers are entitled to a medical bonus of INR 3,500 (US\$47.85). The National Pension Scheme (NPS) in India is a long-term investment plan aimed at providing retirement income.

The Payment of Gratuity Act of 1972 ensures that employees who have worked for five years or more in establishments with at least 10 workers receive 15 days' wages per year of service as gratuity. The Factories Act of 1948 was established to safeguard the rights of workers in factories and has been amended periodically. The Contract Labour (Regulation and Abolition) Act of 1970 governs the use of contract labour in specific establishments and allows for its abolition under certain circumstances. The Food Safety and Standards Act of 2006 aims to consolidate food-related laws, create the Food Safety and Standards Authority of

² International Labour Organisation. *Facts on Social Security*. <https://www.ilo.org>.

³ Dezan Shira & Associates. *Introduction to the Social Security System in India*. www.india-briefing.com.

India, set science-based food standards, regulate food production and distribution, and ensure the availability of safe food for consumption⁴.

A five-year plan is a rare measure taken by the Government of India. In 1951, the members of the constitution, including the then-Prime Minister Jawaharlal Nehru, devised the well-known Five-Year Plan. The plan was created to improve India's economic situation, which was deteriorating due to newfound freedom and a change in leadership⁵.

The 1st Five Year Plan (1951-1956) emphasised the elimination of economic inequalities and the employment of the poorer sections of society, which could be linked to provisions and schemes that provided facilities and types of equipment for persons with disabilities for income-generating activities in India, as well as the NSAP, which provided monthly income to the elderly poor, disabled people, and widows living in poverty to eliminate economic inequalities in society. It suggested that more public effort should be put towards the training and rehabilitation of the deaf and blind, as this is a significant social endeavour that should primarily involve volunteer organisations.

The 2nd Five-Year Plan (1956-1961) contained a social welfare program and the establishment of institutions to meet the needs of disabled children, mothers, and beggars. Aside from the Social Defence Programme, women were encouraged to pursue education and employment options. To achieve these goals, one institution for blind children was established in Lucknow, a women's welfare scheme was expanded to three additional districts, two workhouses for beggars were established in Hardwar and Varanasi, and five protection homes were established for women and girls apprehended under the "Suppression of Immoral Traffic Act, 1956".⁶

⁴ Esra Dundar Aravacik. (2018). *Social Policy and the Welfare State*. <https://www.researchgate.net>.

⁵ *Social Policy- Concept and Definition*. <https://epgp.inflibnet.ac.in>.

⁶ Jayati Gosh. (2002). *Social Policy in Indian Development*. United Nations Research Institute for Social Development. Geneva. <https://citeseerx.ist.psu.edu>.

The 3rd Five Year Plan (1951-1966) initially aimed at self-reliance for various sorts of handicapped groups; the fundamental goal of the services offered should be to assist them in rehabilitating themselves through work and the use of special aids. The 4th Five Year Plan (1969-1974) aimed to improve the adult deaf training centre, which provided facilities for boys aged 16 to 25 in engineering and non-engineering jobs. It was intended to start with a national centre for the physically disabled as a demonstration project. As a preliminary step, it was intended to establish a school for children with cerebral palsy and a vocational training facility for the seriously disabled.

The 5th Five-Year Plan (1974-1978) included poverty eradication as a primary goal. The National Leprosy Control Programme and the National Scheme for the Provision of Visual Impairment and Blindness Control had been established. The 6th Five-Year Plan sought to eliminate poverty. The 7th Five-Year Plan (1985-1990) centred on food grain production and employment. The 8th Five-Year Plan (1992-1997) enacted economic reforms as well as universal education and illiteracy elimination efforts⁷.

The 9th Five-Year Plan focuses on growth through social justice, equality, and education. As a result, it emphasised the importance of taking a comprehensive strategy for empowering and mainstreaming the disabled. The 10th Five Year Plan (2002-2007) advocated all the responsible department to ensure that the needy beneficiaries receive adequate financial support. The 11th Five-Year Plan (2007-2012) asked that the Health Ministry ensure that all disabled people had a disability certificate by the end of the Eleventh Plan. This would assist such a person in proving her/his identity as a person with a handicap to receive the benefits for which he or she is eligible. The 12th Five-Year Plan (2012-2017) prioritised inclusive growth and established 25 main monitorable targets, including GDP growth, manufacturing expansion, education, and poverty reduction⁸.

⁷ Amlan Ghosh, (2023). *Pensions and Informal Sector in India*. Routledge, 4 Park Square, Milton Park.

⁸ *Disabiliy*. (2024). World Health Organisation. <https://www.who.int>.

Social assistance can be defined as a benefit in cash or in-kind, financed by the state government or central government and usually provided based on a means or income test. Social Pension can be defined as financial assistance provided by the state government and central government to persons with disabilities, the elderly, widows, people living in poverty, and destitute⁹.

Pension Schemes and Welfare Funds for people living in poverty such as the elderly, widows, destitute, persons with disabilities etc are implemented in India. The Indian Constitution's Directive Principles of State Policy require the state to implement welfare programs within its means, with a focus on the poor and destitute. The Government of India (GoI) introduced the National Social Assistance Programme (NSAP)¹⁰ in August 1995 as a fully funded Centrally Sponsored Scheme for the poor. The program was expanded in 2009 to include all eligible people living below the poverty line (BPL) as well as additional vulnerable categories like widows and disabled people¹¹.

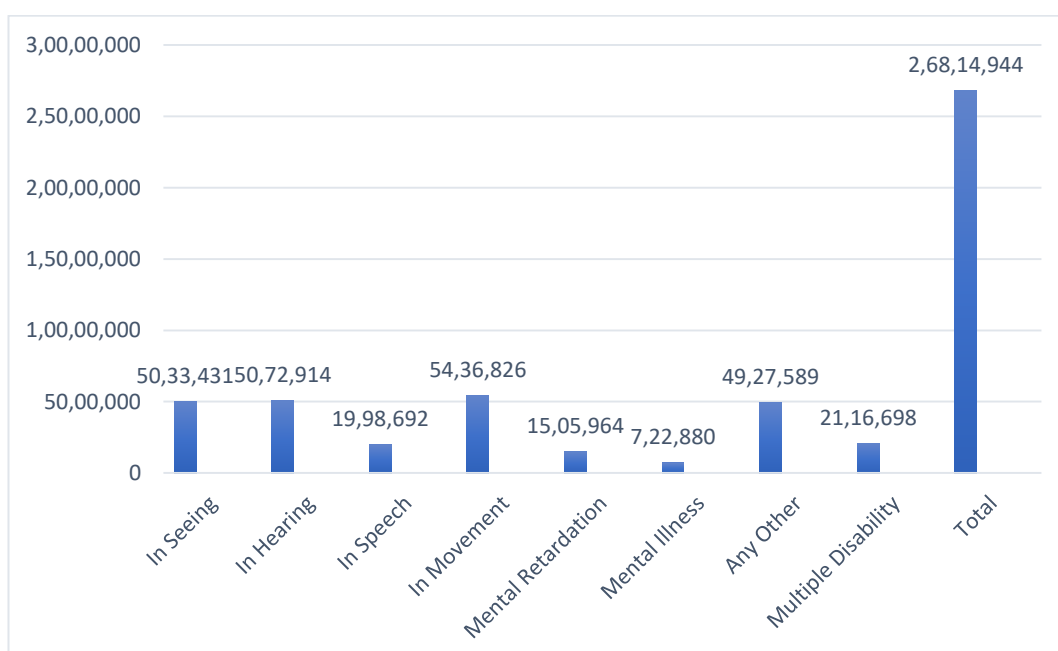
The 2011 census in India reported a population of 268.10 lakhs (approximately 2.68 million) persons with disabilities, with eight categories of disabilities included in the count. This was the first time such broad categories were considered during enumeration. The breakdown of disability types in the 2011 Census is as follows:

⁹ Howell, F. (2002). *Social Assistance- Theoretical Background in Social Protection in the Asia and Pacific*. Ed. I. Ortiz. Asian Development Bank, Manila, chapter vii.

¹⁰ NSAP Pensioners/Beneficiaries. <https://nsap.nic.in>.

¹¹ Indira Gandhi National Disability Pension Scheme. <https://www.myscheme.gov.in>.

Chart 1 The breakdown of disability types in the 2011 Census

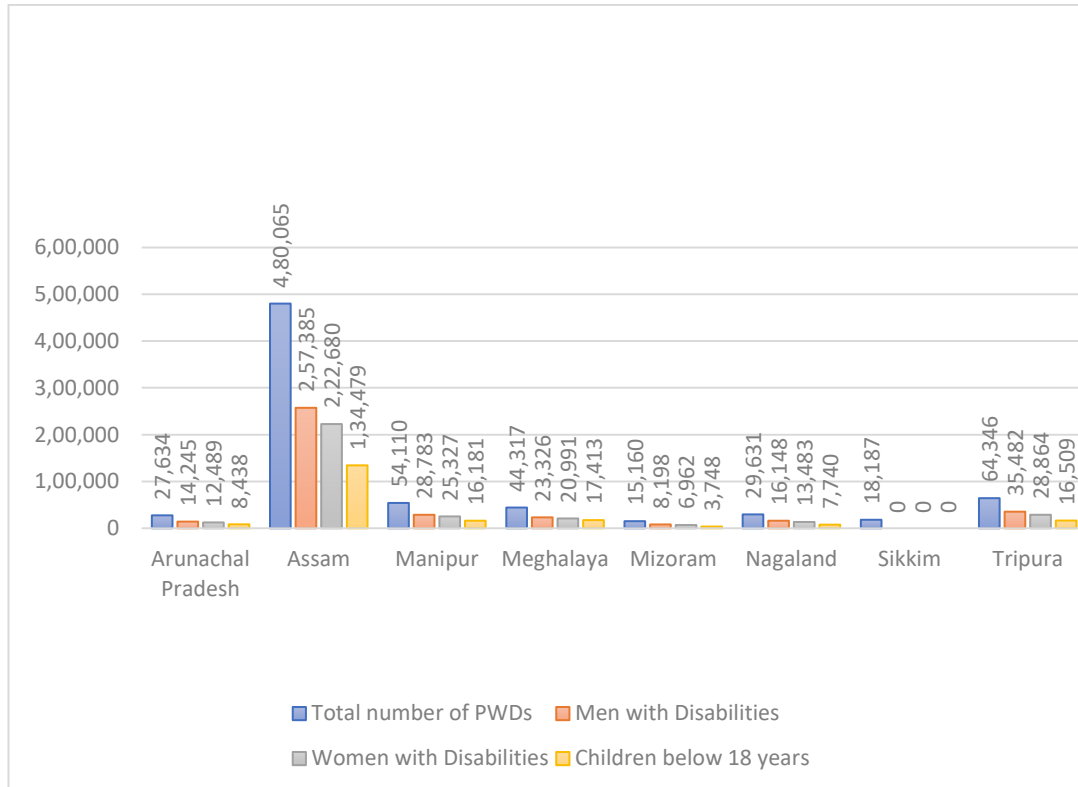


Source: *The breakdown of disability types in the 2011 Census.*

From the above chart 1, it is shown that the disabled population numbers in lakhs are as follows: 50,33,431 individuals in Seeing, 50,72,914 individuals in Hearing, 19,98,692 individuals in Speech, 54,36,826 individuals in Movement, 15,05,964 individuals with Mental Retardation, 7,22,880 individuals with Mental Illness, 49,27,589 individuals with Any Other disability, and 21,16,698 individuals with Multiple Disability, making a total of 26,814,994 individuals with disabilities¹².

¹² *Census of India 2011 Data on Disability.* National Interactive Web Portal on Disability. Punarbhava.in.

Chart 2 The Number of Persons with Disabilities in Northeast India as per 2011 Census



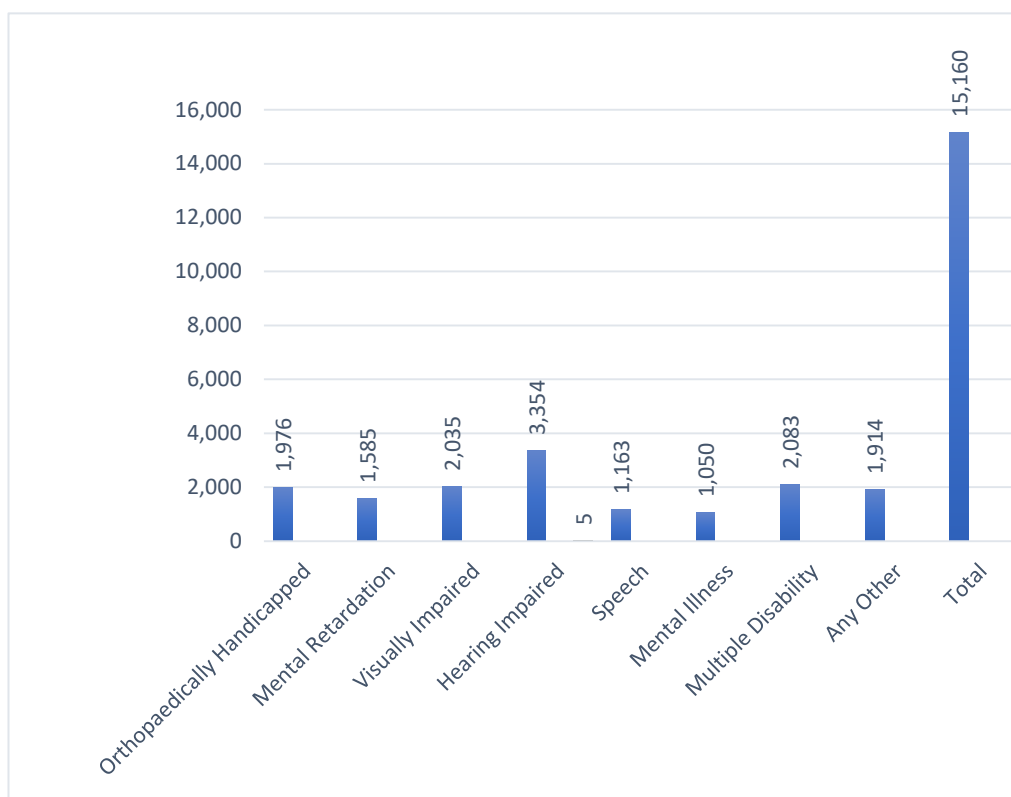
Source: Data collected from the 2011 National Census. At the time of preparation of the report, some details of Sikkim data were not yet available.

The above chart 2 indicates that among the northeastern states, Assam has the greatest percentage of people with disabilities (480,065). There are 27,634 people with impairments in Arunachal Pradesh. In the state of Manipur, there are 54,110 disabled people¹³. There are 44,317 people with disabilities in Meghalaya. There are 15,160 disabled people in Mizoram. 29,631 people in Nagaland are disabled. There are 18,187 in Sikkim. 64,346 people in Tripura state are disabled. In northeast India, Tripura has the second-highest population of disabled people¹⁴.

¹⁷ Office of the Commissioner for Persons with Disabilities. <https://www.ccdisabilities.nic.in>.

¹⁴ Disabled Persons in India: A Statistical Profile 2016. Social Statistics Division, Ministry of Statistics and Programme Implementation, Government of India. <https://www.mospi.gov.in>.

Chart 3 The Number of Persons with Disabilities in Mizoram



Source: Data collected from the Office of Commissioner for Persons with Disabilities, Government of Mizoram during September 2022 to March 2024.

The above chart 3 illustrates the total number of persons with disabilities in Mizoram as per the record of the Office of Commissioner for Persons with Disabilities, Government of Mizoram. According to data from the Office of Commissioner for Persons with Disabilities, Government of Mizoram, the number of disabled people in the state is represented. Many people with impairments suffer from a variety of conditions, including mental illness, multiple disabilities, visually impaired, hearing impaired, mentally retarded, orthopedically handicapped, and visually impaired. In Mizoram, there are 15,160 people with disabilities overall¹⁵.

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, of 1995 came into effect on February 7, 1996. Regarding

¹⁵*Break of Disability in the State. (2024).* Office of the State Commissioner for Persons with Disabilities, Government of Mizoram.

prevention and early detection of disabilities, surveys, research, and investigations will be conducted to identify the causes of disabilities and implement preventive measures. Health centre staff will receive training to aid in this effort, children will undergo annual screenings for early detection, awareness campaigns will be conducted, and measures will be taken to ensure proper prenatal, perinatal, and post-natal care. In terms of education, children with disabilities have the right to free education until the age of 18 in integrated or special schools. They will receive support such as transportation, barrier removal, modification of exams, free books, scholarships, and vocational training facilities. Non-formal education will also be promoted, and institutions will be established to train teachers and address grievances from parents regarding their children's placement. For employment, three percent of government job vacancies will be reserved for individuals with disabilities, with specific quotas for different types of disabilities. Training programs, age limit relaxations, health and safety regulations, and non-discriminatory workplace environments will be implemented. Educational institutions must reserve at least three percent of seats for individuals with disabilities, and employees who become disabled during service will be accommodated without demotion or termination¹⁶.

As per the Rights of Persons with Disabilities Act 2016 (RPWD) Act, "persons with a disability" means a person with a long-term physical, mental, intellectual, or sensory impairment that, in interaction with barriers, hinders their full and effective participation in society equally with others (RPWD Act, 2016, Chapter 1, clause 2, sub-clause (s) along with sub-clause (c)). As per the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (part 2) of the Indian Constitution, disability means any person having some difficulties and problems such as mental illness, locomotors disability, low vision, blindness, hearing impairment, etc¹⁷.

¹⁶ Khaitan & CO, (2021). *Handbook on Rights of Persons with Disabilities*. <https://www.scconline.>

¹⁷ *Rights of Persons with Disabilities Act, 2016*. <https://www.indiacode.nic.in.>

Some of the major provisions of the RPWD Act 2016 are¹⁸: a) The RPWD Act, 2016 has several provisions which are important to mention. There are XVII chapters inside the acts. All chapters are arranged specifically. But let us mention only some of the major provisions. b) RPWD Act 2016 authorised all state government departments to hire a grievance redressal officer, who will be responsible for resolving any complaints received by him/her as soon as possible. c) This is significant because every government department can implement this act, and the Grievance Redressal Officer will serve as a liaison between his or her department and the Office of the State Commissioner for Persons with Disabilities.

d) The RPWD Act 2016 expanded the types of disabilities from seven to twenty-one. e) The RPWD Act of 2016 requires the State Government to provide special facilities such as special toilets and ticket counters at public bus stops, rail stations, and airports. f) The RPWD Act 2016 provides special opportunities for people with benchmark disabilities, including a four per cent reservation in government jobs and a five per cent reservation in government-aided higher education institutions.

g) To verify various types of disabilities, the State Government may appoint a medical authority or another notified competent authority. Any disabled person may apply for a Certificate of Disability. h) The RPWD Act of 2016 calls for the establishment of a National Fund for Persons with Disabilities as well as a State Fund for Persons with Disabilities. i) According to the RPWD Act 2016, the central government can appoint a Chief Commissioner for Persons with Disabilities, and the state government can appoint a State Commissioner for Persons with Disabilities. j) The RPWD Act 2016 specifies the procedures for dealing with violators of the act. If anyone is found violating the act, he/she can be given the order to pay ten thousand. If she/he violates again, she/he may be ordered to pay Rs 50,000 to Rs 500,000.

¹⁸ Office of the Chief Commissioner for Persons with Disabilities (Divyangjan) Department of Empowerment of Persons with Disabilities (Divyangjan). Annual Report 2018-2019.

According to the RPWD Act 2016, there are 21 types of disabilities. Let us discuss all 21 types of disabilities:

1. Blindness: This refers to complete blindness of vision when a person cannot distinguish between dark and bright light in both eyes.

2. Low vision: Low vision is a condition in which a person has any of the following conditions, namely: Visual acuity not more than 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the right eye with the best possible correction.

3. Leprosy Recovered Persons: Leprosy is a chronic infectious disease. It mainly affects the skin, peripheral nerves, mucous surfaces of the upper respiratory tract, and eyes.

4. Hearing impairment (deaf and hard of hearing): hearing impairment is a partial or total inability to hear. It is a disability that falls into two categories. **Deaf** refers to individuals with a hearing loss of 70 dB in both ears at the speech frequency. **Hard of hearing** means a person with a hearing loss of 60 dB to 70 dB in both ears at the speech frequency.

5. Mobility disability: Mobility disability refers to the problem of moving from one place to another - ie. weakness of the legs. However, it is generally considered an injury involving bones, joints, and muscles. This causes problems in human movements (such as walking, picking or holding, etc.)

6. Dwarfism: Dwarfism is a growth disorder characterized by shorter than average body height. People whose body height is less than 4 feet 10 inches (147.32 cm) are considered to suffer from dwarfism.

7. Developmental Disability: A person with a developmental disability may have significant limitations in the skills needed to live and work in the community, including communication difficulties, self-care, social skills, safety, and self-management.

8. Mental illness: Mental illness is a general term for a group of illnesses that affect the mind or brain. These conditions, which include bipolar disorder, depression, schizophrenia, anxiety, and personality disorders, affect how a person thinks, feels, and acts.

9. Autism Spectrum Disorder: Autism is an umbrella term that includes autistic disorder, Asperger's syndrome, and atypical autism. Autism affects how the brain receives and stores information. People with autism usually have difficulties with verbal and non-verbal communication, social interaction, and other activities.

10. Cerebral palsy: Cerebral palsy (CP) is a disabling physical condition in which muscle coordination is impaired due to brain damage. This happens during or before childbirth. Cerebral palsy is not a progressive condition; that is, it does not get worse over time.

11. Muscular dystrophy: Muscular dystrophy (MD) is a group of neuromuscular genetic disorders that cause muscle weakness and generalized loss of muscle mass. MD is a progressive condition; that is, it gets worse over time.

12. Chronic neurological diseases: Alzheimer's disease, Parkinson's disease, dystonia, ALS (Lou Gehrig's disease), Huntington's disease, neuromuscular disease, multiple sclerosis and epilepsy, etc. are disabling diseases experienced by a significant part of the population. People with chronic neurological disease can have many different symptoms that require health care.

13. Specific learning disabilities (dyslexia): Specific learning disabilities are a group of disabling conditions that impair a person's ability to learn, listen, think, speak, write, type, or do mathematical calculations. Examples of specific learning disabilities are:

Dyspraxia: Inability to plan movement and respond appropriately. **Dysgraphia** - writing difficulties in both technical and expressive terms. There may also be difficulties with spelling. **Dyscalculia** - difficulty with calculations. **Deficit Hyperactivity Disorder (ADHD)** - hyperactivity, distractibility and impulsivity.

14. Multiple Sclerosis: Multiple sclerosis is a debilitating disease that affects the central nervous system (CNS). It blocks the flow of information in the brain and various parts of the body. Over time, MS can cause permanent nerve damage.

15. Speech and Language impairment: Speech and Language impairment refers to a permanent disability caused by diseases, such as laryngitis or aphasia, which affects one or more speech and language components for organic or neurological reasons.

16. Thalassemia: Thalassemia is a genetically inherited blood disorder characterized by reduced or abnormal production of haemoglobin. Thalassemia causes a large number of red blood cells to be destroyed, leading to anaemia. As a result of anaemia, a person with thalassemia has pale skin, fatigue, and dark-coloured urine.

17. Hemophilia: Hemophilia is a blood disorder characterized by the absence of proteins that help blood clot. In the absence of these proteins, bleeding takes longer than normal. Hemophilia almost always occurs in men. Hemophilia is rare in women.

18. Sickle cell anaemia: Sickle cell anaemia is a group of blood disorders that cause red blood cells to mow, become misshapen, and break. It is a genetically transmitted disease.

19. Multiple Disability, including Deaf-Blind: Multiple disabilities can be defined as the simultaneous presence of two or more different types of physical disability, two different mental disabilities, or a combination of physical and mental disabilities. Common examples of multiple disabilities are developmental disability and blindness, developmental disability and orthopaedic disability and mobility disability and speech disability.

20. Acid Attack Victim: Acid attack survivors are people (mostly women) who were victims of the crime of acid throwing. These cases often leave the victim's face and other body parts disfigured.

21. Parkinson's disease: Parkinson's disease (PD) is a disorder of the central nervous system that affects movement. PD is characterized by tremors and rigidity. It is a progressive disease, which means it gets worse over time¹⁹.

Theoretical Framework

The concept of social welfare has a long tradition in India as far as theoretical and operational terms are concerned. Ancient religious writings such as the Sutras, Epics, Smritis, and Dharma Shastras contain verses emphasising the state's and community's provision of welfare services to the weaker sections of society and other needy people. The notion of social welfare administration differs from country to country due to a variety of reasons, including historical development, benefit systems and programmes, and government service delivery structures and functions. Thus, social welfare is a system through which the government attempts to improve the social and economic well-being of its residents in the cases of old age, disability, illness, and poverty²⁰.

Family-centric Approach: This is perhaps the oldest approach in which the family plays an active role in social welfare provision. Strong familial bonds tend to be an important source of social capital. For example, in taking care of the children, the aged and the disabled, the family as a whole has a critical role²¹. People with disabilities rely heavily on their family members in their daily lives. They aid in the development and social integration of people with disabilities by offering care, support, and aid²². Caretakers for persons with disabilities have a wide range of tasks, including giving emotional support, supporting skill development, advocating for the client, and fostering a supportive and inclusive atmosphere. These obligations

¹⁹ National Human Rights Commission. (2021). *Disability Rights (Rights of Persons with Disabilities Act & National Trust Act) and Mental Healthcare Act*. Dolphin Printo Graphics. New Delhi.

²⁰ Bose, A.B. (1987). *Encyclopedia of Social Work, Ministry of Welfare*. Government of India.

²¹ Friedlander, W. (1967). *Introduction to Social Welfare*. Prentice Hall.

²² *Social Welfare: Concepts, Approaches and Policies*. <https://egyankosh.ac.in>.

are frequently more difficult than those of basic personal caregiving. Individuals with impairments benefit from the strength and support of their caretakers. They help with daily duties like personal care, and mobility²³.

Institutional model: Welfare is for everyone in an institutional model, not only the impoverished. Similar to public services like roads and schools, welfare is given to the entire population. Its main goal is to provide every individual with an equal chance for help, regardless of their situation. The institutional model of social welfare is centred on the structured framework that offers services to individuals to meet their needs²⁴.

Residual Perspective: According to Residual Perspective, the needy people can find support through the family, the market (insurance in particular) or non-governmental organisations. The government would step in only when the needy people are unable to resolve their problems. There are coordination committees consisting of the Young Mizo Association, Mizo Hmeichhe InsuihKhawm Pawl, Mizoram Upa Pawl, etc., in Mizoram which are responsible for the better and effective implementation of welfare programmes. Therefore, the residual perspective approach is well-known and applicable in the context of disability in India and Mizoram²⁵.

Mixed-Economy Approach: Under this paradigm, welfare policies are managed more effectively by the public and private sectors working together than they would in an operation centred around bureaucracy. Nevertheless, a significant drawback of this strategy is that public-private partnerships frequently don't function as well as they could in various nations²⁶. The mixed-economy model is currently used by only a few nations. The public and commercial sectors work together to manage social systems and initiatives in this way. The strategy is founded on the premise that community action and resource pooling may achieve social welfare

²³ Gore, M.S. & Khadelkar, M. (1975). *Quarter Century of Welfare in India*. Asia Publishing House.

²⁴ Government of India. (1951). *First Five-Year Plan*. Planning Commission.

²⁵ Government of India. (2018). *India Year Book*. New Delhi, India: Publications Division.

²⁶ Heywood, A. (2005). *Key Concepts in Politics*. New York: Macmillan.

schemes and policies. The central government authorized the responsible agencies, the Office of State Commissioner for Persons with Disabilities, to make all public buildings and other institutions disabled-oriented or friendly environments to ensure that they are easily accessible to them. This approach can be applied in the case of the disability pension scheme²⁷.

System model: This normative approach is predicated on the idea that promoting social welfare primarily requires group activity and resource sharing. This idea proposes that welfare is given to the population as a whole, much like public services like roads or schools may be. Another way to characterise it would be a fully saturated model. For instance, this strategy makes the program's coverage universal rather than limiting it to members of weaker social groups when it comes to public health²⁸.

Medical model: A significant outcome of the medical model of disability is that individuals with disabilities often feel excluded, undervalued, and pitied by society. However, many disabled individuals argue that the primary challenge they face is not their bodies but rather society's response to their disability. This response often manifests in unwelcoming attitudes, institutional norms, and physical environments that promote exclusion. In contrast, the "social model of disability" advocated by disability rights activists in the 1970s and 80s argues that if society was structured in a way that accommodated people with disabilities, individuals with disabilities would not face barriers to full participation.

The social model: It emphasizes the difference between "impairments" and "disabilities". Impairments are seen as the functional limitations individuals may face, such as the inability to walk, while disabilities are the societal disadvantages imposed on individuals due to the perception of impairments as abnormal. Both physical and mental impairments are viewed as common aspects of being human and deserving of accommodations and civil rights protections.

²⁷ Vasey, W. (1958). *Government of Social Welfare*. Rinehart.

²⁸ United Nations. (1970). *Social Welfare Planning in the Context of National Development Plans*. UN Publications.

The human rights-based model of disability builds on the social model by recognizing that people with disabilities have rights and asserting that the state and others have a responsibility to respect those rights. The model comes from the United Nations Convention on the Rights of Persons with Disabilities.

Bio-psychological model: Disability is no longer about the consequences of disease but about health, functioning and disability. This is a major change. Functioning and disability are considered and analyzed as the two sides (positive and negative) of health. They are defined as an interaction between a health condition and contextual factors. This model is presented as integrating the medical model and the social model into what is called a bio-psychosocial model.

Minority Group model: The concept of a minority group has also been applied to describe the status of disabled people and frame legal measures and policies to ensure equality and non-discrimination to PwDs to mainstream the disabled. There are lots of commonalities between the disabled and other minority groups- such as women, the elderly, the destitute, poor as well as other vulnerable sections of society. They all are of lower socio-economic status, and politically powerless to the point of being oppressed, negatively stereotyped and discriminated.

Constitutional Provisions

Article 43 of the Indian Constitution emphasises the state's responsibility to provide social security for all workers, industries, and people through legislation, economic organisations, and other measures, such as a fair salary, adequate living standards, leisure time, and cultural possibilities. The preamble to the Constitution establishes a socialist state and emphasises socialism's goal of eliminating inequality and providing a good life for the working population, as recognised by the Supreme Court of India. In addition, welfare and the defence of the interests of the underprivileged and disabled are covered by the Eleventh and Twelfth Schedules of the Constitution, which set forth the authorities and duties of Panchayats and Municipalities, respectively, in the execution of programs for social justice and economic development.

The Constitution's Directive Principles of State Policy and Fundamental Rights serve as the foundation for many social security programs in India, with legislation enacted to assist the most vulnerable members of society. The right to life includes necessities like food, shelter, healthcare, and education, whereas the right to work assures that people can earn a decent income depending on their skills. Concurrent list entries 21, 22, 23, 24, and 26 give state governments the authority to regulate and control commercial and industrial monopolies, trade unions, labour conflicts, social security, employment, and welfare to defend all citizens' interests.

There are various schemes for persons with disabilities in India. One is Physical rehabilitation, which includes early detection and intervention, counselling, medical interventions, as well as the provision of aids and appliances, which was prioritised in the National Policy for Persons with Disabilities 2006. It also involves economic rehabilitation, which encourages a decent existence in society, educational rehabilitation, which includes vocational training, and the training of rehabilitation specialists. India signed the UNCRPD on March 30, 2007, and it was approved and came into effect on May 3, 2008. The Convention places three main requirements on Indian law: (a) harmonising Indian laws with the UNCRPD; (b) implementing UNCRPD provisions; and (c) preparing a country report by 2010.

By providing assistive appliances and equipment, the Scheme of Assistance to Disabled Persons for the Purchase/Fitting of Equipment/Appliances (ADIP) seeks to physically rehabilitate individuals with disabilities. Preschool and early intervention programs, leprosy rehabilitation, and other aspects of rehabilitation are all included in the Deendayal Disabled Rehabilitation Scheme (DDRS). Funds are allocated by the Scheme for Implementation of the Persons with Disabilities Act to support regional and district-level institutions that offer services to individuals with disabilities, create awareness and make public buildings barrier-free.

People with impairments face a variety of challenges. When obstacles are eliminated, people with disabilities can achieve independence and equality within society. Multiple barriers can make it extremely challenging or even impossible for individuals with disabilities to function effectively. Attitudinal barriers, which arise

from associating solely disability with individuals with disabilities, can lead to bullying, discrimination, and fear.

These barriers include low expectations of individuals with disabilities and contribute to other barriers. Environmental barriers, such as inaccessible natural or man-made environments, hinder inclusion. Examples of physical barriers include narrow sidewalks and doorways that are unsuitable for individuals using wheelchairs, scooters, or walkers, desks that are too tall for wheelchair users, poor lighting for those with low vision or who lip-read, and difficult-to-use doorknobs for individuals with arthritis. Institutional barriers encompass discriminatory laws, policies, practices, or strategies against people with disabilities. Examples include denying reasonable accommodations to qualified individuals with disabilities in the workplace and lack of accessible public transport, impeding individuals with disabilities' participation in community life.

Communication barriers are experienced by those with disabilities affecting hearing, speaking, reading, writing, and understanding, who communicate differently from those without disabilities. Examples include inaccessible written health messages for the visually impaired or no captioning or Auslan interpreters for audio messages for those who are deaf. Systematic barriers are discriminatory policies, practices, or laws that hinder disabled individuals from carrying out daily activities. Even with improvements like ramps and detectable warning dome tiles in public areas, more work is required. Individuals with disabilities also face challenges in employment due to the lack of adequate accommodations at some companies.

Review of Literature

The following kinds of literature have been reviewed by the researcher for this research work-

Krishna Chandra, (1994), in the book entitled, “Handbook of Psychology for the Disabled and Handicapped”, highlighted the constitutional provisions of India for weaker sections of the society focusing upon the Directive Principles of State Policy and Fundamental Rights. It was mentioned that those physically handicapped persons and severely disabled, more than the age of five and having no source of income were eligible to get disability pension of Rs 40 per month under the Orissa government²⁹.

Kohli, S., Sharma, S.R, (1996), in their book entitled, “Encyclopedia of Social Welfare and Administration: Equal Opportunity, Human Rights and Social Welfare”, discussed the significance of health services for people, motivation, and equitable opportunities. The effective cooperation and communication between the central and state governments was considered essential to ensuring that the public had access to finances, financial assistance, pensions, and programs. Equal opportunity would not be possible without adequate health care and programs for the underprivileged, since the purpose of health services is to make resources available to those in need³⁰.

Sikligar P.C, (2000), in the book entitled, “Social Security”, highlighted social security programmes in India and a meaningful explanation of social security and social insurance. The pension scheme for persons with disabilities was rendered for those disabled persons who attained the age of 18 years. However, the book entailed that applicants must be below the poverty line and have neither a proper source of income. The applicant should have approval from the District Treasury Officer to be eligible to get the disabled pension benefit. The rejected applicants have

²⁹ Krishna Chandra. (1994). *Handbook of Psychology for the Disabled and Handicapped*. Anmol Publications.

³⁰ Kohli & Sharma, S. (1996). *Encyclopedia of Social Welfare and Administration: Equal Opportunity, human rights and social welfare*. Anmol Publications.

the right to appeal to the government through the social welfare department³¹.

Anuradha Mohit, (2004), in the article, “Human Rights for Persons with Disabilities”, discussed the rights of people with disabilities who experience physical, intellectual, and psychological impairment. The article highlighted various acts, schemes, and legislation for persons with disabilities, such as the National Trust Act 1999, which is meant to enable and empower differently-abled people to live independently, the Mental Health Act, which provides rehabilitation services, training, and counselling, the Persons with Disabilities Act 1995, which is meant for promoting equal opportunity and full participation, the UN Declaration of 1975, World Programme of Action 1981, and the United Nations Disability Convention³².

HPS Ahluwalia, (2004), in the article, “Future Challenges in Rehabilitation of Persons with Disabilities”, pointed out that the literacy rate among people with disabilities was lower than the natural and average. Very few people with disabilities could have access to schools, education, and inclusive education, and pointed out that the number of vocational rehabilitation centres was too small considering the number of people with disabilities in India. The major challenges are a lack of awareness among teachers, administrators, the general public, and people with disabilities. Hence, it has been suggested that preventive measures, preschool education, and early intervention are some areas that need to be addressed³³.

C.S. Mohapatra, (2004) in the book entitled, “Disability Management in India: Challenges and Commitment”, included the problem of poverty and disability in India, an agenda for the future, emergence issues, sustainable strategies, public-private partnerships, and a rights-based paradigm for persons with disabilities. In the book, social workers and other practitioners reveal the significance of human resource development and inclusive education, social security programmes, information and communication technology, and future challenges in rehabilitation

³¹ Sikligar, P.C. (2000). *Social Security*. Mangal Publications.

³² Anuradha Mohit. (2004). *Human Rights for Persons with Disabilities*. In Mohapatra (Ed), *Disability Management in India: Challenges & Commitment* (pp. 287-306). Sree Ramana Process Pvt Ltd.

³³ HPS Ahluwalia. (2004). *Future Challenges in Rehabilitation of Persons with Disabilities*. Sree Ramana Process Pvt. Ltd.

for persons with disabilities³⁴.

Office of the High Commissioner for Human Rights, (2009), in the report, “Convention on Rights of Persons with Disabilities”, highlighted the preamble and articles of the Convention on the Rights of Persons with Disabilities with its objectives. Some of the articles are intended to promote equality and non-discrimination, women with disabilities, children with disabilities, accessibility, the right to life, liberty, and security of persons, education, health, habilitation and rehabilitation, and so on. The optional protocol establishes a mechanism for individuals to file grievances, and the Committee on the Rights of Persons with Disabilities has the authority and responsibility to receive complaints from state parties, as well as to investigate the complaints³⁵.

Social Welfare Department, Government of Mizoram, (2008-2009), in the report book entitled, “Citizens Charter”, highlighted the main features of the schemes that are under the components of the National Social Assistance Programme. The report highlighted the eligibility criteria of the beneficiaries of IGNDPS. The applicant should be a person with disabilities having severe and multiple disabilities as per the Persons with Disability Act, 1995, and a person with not less than 80 percent of any disability as certified by the medical authority³⁶.

Jose R, Sachdeva, and Sandeep, (2010), in their article entitled, “Community rehabilitation of disabled with a focus on blind persons; Indian Perspective”, revealed the proper definition of disability, entailing that it is any restriction or lack of ability to do any tasks and activities. They highlighted some important schemes, such as the Deendayal Disabled Rehabilitation Scheme, which tries to provide help and support to NGOs to deliver rehabilitation services, a scheme for the national scholarship of persons with disabilities, and national awards for the welfare of

³⁴ Mohapatra, (2004). *Disability Management in India: Challenges & Commitment*. National Institute for the mentally Handicapped, Secunderabad & Indian Institute of Public Administration. Sree Ramana Process Pvt. Ltd.

³⁵ UN. Office of High Commissioner for Human Rights. (2009). *2008 Report-Activities & Results*. <https://digital.library.un.org>.

³⁶ Social Welfare Department, Government of Mizoram. (2008-2009). *Citizens Charter*. <https://socialwelfare.mizoram.gov.in/u>.

persons with disabilities, etc³⁷.

Kartik Kashyap, Ravish Thunga, and N.P Balamurali, (2012), in their article, “Trends of the utilization of government disability benefits among chronic mentally ill”, found that People with mental illness from rural areas did not avail of some schemes and programmes that would benefit them, but they only availed of disability pension. The study discovered that males had higher disability than females, and the majority of disabled people are still excluded due to rigid disability measurement rules. According to the study, raising awareness and educating people about disabilities will help to reduce the stigma associated with them in society³⁸.

S. Ganesh Kumar, Gautam Roy, and Sitanshy Sekhar Kar, (2012) in their article, “Disability and Rehabilitation Services in India; Issues and Challenges”, revealed that disability in India varied in different age groups. A study in Chandigarh showed that 87.5 percent of elderly people had normal and severe disabilities. A study in Dehradun showed that visual disability was the most common disability. A study in Rajasthan found that among children below 14 years of age, 7 percent had a different form of disability. A study by NSSO found that 1,40,85,000 in rural areas and 4406,000 in urban areas of India were people with disabilities. They suggested that research on disability needs to be strengthened, public awareness must be increased for a proper understanding of disability, and the inclusion of people with disability will be the best possible solution to learn about the problems and difficulties of disabled people in India³⁹.

Jayna Kothari, (2012), in the book entitled, “The Future of Disability Law in India: A Critical Analysis of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 199”, critically examined the disability law in India in terms of equality and human rights, equal opportunities in

³⁷ Jose R., Sachdeva, Sandeep. (2010). *Community rehabilitation of disabled with a focus on blind persons; Indian Perspective*. Indian Journal of Ophthalmology. 4103/0301-4738.60086. Vol 58. Issue 2. 2010. 137

³⁸ Kartik Kashyap, Ravish Thunga, and Balamurali, N.P. (2012). *Trends of the utilization of government disability benefits among chronic mentally ill*. Indian J Psychiatry. doi: 10.4103/0019-5545.94648. 2012. 54.1.54

³⁹ Ganesh Kumar, Gautam Roy, Sitanshy Sekhar Kar. (2012). *Disability and Rehabilitation Services in India; Issues and Challenges*. J Fam Med Primary Care. 2012.

public employment, the right to access and public service, and the United Nation Convention on the rights of Persons with Disabilities. Even though the Central Government has implemented various laws and legislation for the welfare of people with disabilities, many efforts have been made to protect and care for them, but the majority of these efforts remain symbolic. The book highlighted some provisions of the Indian constitution relating to primary education and inclusive education, referring to the PWD Act of 1995, and made an important comparison between segregated education and inclusive education⁴⁰.

Charan Singh, Ayanendu Sanyal, Kanchan Bharati, (2015), in their article entitled, “Social Security Schemes: A Case for Universalisation”, highlighted that only 27 percent of the global population enjoys social security in any form, whereas 73 percent do not receive any social security at all⁴¹.

Murthy VS Gudlavaleti, Neena John, Komal Preet Allagh, Jayanthi Sagar, (2014), in their article entitled, “Access to health care and employment status of people with disabilities in South India, the SIDE (South India Disability Evidence) study”, found that people with disabilities faced more problems in matters relating to health care and employment status. They found that people living with a disability had a higher risk of suffering from diabetes and depression. The study was conducted in the states of Andhra Pradesh and Karnataka. People with disabilities have a higher risk of suffering from chronic non-communicable diseases than people without disabilities⁴².

Rajasekhar, Santosh Kesavan, R, Manjula, (2016), in their book entitled, “Contributory Pension Schemes for the Poor: Issues and Ways Forward”, revealed that some issues, such as poor coverage, insufficiency of pension amounts, and poor government in the selection and disbursement of pension amounts, jeopardize the aspect

⁴⁰ Jayna Kothari. (2012). *The Future of Disability Law in India: A Critical Analysis of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995*. Oxford University Press.

⁴¹ Charan Singh, Ayanendu Sanyal, Kanchan Bharati. (2015, December 2). *Social Security Schemes: A Case for Universalisation*. IIM Bangalore Research Paper. <https://ssrn.com/abstract>.

⁴² Murthy VS Gudlavaleti, Neena John, Komal Preet Allagh, Jayanthi Sagar. (2014). *Access to health care and employment status of people with disabilities in South India, the SIDE (South India Disability Evidence) study*. BMC Public Health.

of the pension system in India. The pension scheme has never been hailed as successful in helping the elderly and people with disabilities in India⁴³.

The Ministry of Social Justice & Empowerment, Government of India, (2016), "National Policies for Persons with Disabilities", highlighted that there were 2.19 crore people with disabilities in the 2001 Census, which was 2.13 percent of the total population. 75 percent of people with disabilities lived in rural areas of India, 49 percent were illiterate, and 34 percent were employed. The report revealed the pieces of legislation that are related to the welfare of people with disabilities, such as the Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995⁴⁴.

Ramya Naraharisetti, and Marcia C. Castro, (2016), in their article entitled, "Factors associated with persons with disability employment in India: a cross-sectional study", revealed that illiteracy and gender were related to the employment of people with disabilities. Disabled females and illiterate females in urban areas of India had less employment, and mental retardation and disability prevailing in rural areas were the factors that led to fewer employees in the rural areas of India. Therefore, it was suggested that the government should make policies and programmes that consider these differences in rural and urban areas of India⁴⁵.

Nilika Mehrora, (2016), in the book entitled, "A Resources Book on Disability Studies in India", highlighted various NGOs, such as Ability Foundation, which played a crucial role in the self-employment of disabled people; Alpha to Omega Learning Centre for Children with Disabilities, which helped disabled students to complete their schooling and develop their personalities⁴⁶.

⁴³ Rajasekhar, D. Kesavan, Santosh , Manjula, R. (2016) . *Contributory pension schemes for the poor: Issues and ways forward*. Institute for Social and Economic Change. Bangalore.

⁴⁴ The Ministry of Social Justice & Empowerment, Government of India. (2016). *National Policies for Persons with Disabilities*.

⁴⁵ Ramya Naraharisetti, Marcia C. Castro, (2016). *Factors associated with Persons with disability employment in India: A Cross-sectional Study*. BMC Public Health. 16:1063. DOI 10.1186/S12889-0163-713-6. 2016.

⁴⁶ Nilika Mehrora. (2016). *A Resources Book on Disability Studies in India*. Centre for the study of

Gundugurti Prasad Rao, Vemulokonda Sri Ramya, and Math Suresh Bada, (2016), in their article, “The rights of persons with Disability Bill 2014: How “enabling”, is it for persons with mental illness?” highlighted the problems responsible agencies in some countries in matters relating to the administration of welfare and mental disorders. A few countries, such as the United States, the United Kingdom, Australia, and Canada, have taken the necessary steps for mentally disabled people. But still, people with mental retardation were not properly diagnosed, were underestimated, and still faced deceitful discrimination. The situation has become worse, especially in low and middle-income countries. They view that mental illness is not visible, so it is difficult to know and diagnose properly. They find it difficult to communicate with others. Lack of authentic measurement to measure people with mental disabilities, etc. Therefore, they suggested that proper treatments must be given in time, suitable welfare schemes must be launched, frequent assessments must be conducted, and there must be proper mechanisms for these⁴⁷.

Dev Nandan Kumar, (2017), in his article, “Empowerment of Persons with Disabilities Through Institutional Based Rehabilitation Services”, summarised the rehabilitation services covering the composite of regional centres funded by the Ministry of Social Justice and Empowerment by using the purposive sampling method. The study found that educational services such as facilitating the arrangement of accessible reading materials and training and general awareness about the barrier-free environment in academic institutions like schools, colleges, and universities are not yet provided in the study area. It was found that technical support and facilitation for job identification for PWDs and empowerment and even sensitization programmes for private-sector employers are not yet provided to the state government⁴⁸.

social systems, school of social sciences. Jawaharlal Nehru University.

⁴⁷ Gundugurti Prasad Rao, Vemulokonda Sri Ramya, Math Suresh Bada. (2016). *The Rights of Persons with Disability Bill 2014: How enabling” is it for persons with mental illness?* Indian J Psychiatry. 58(2), 121-128. 2016.58.2.121.

⁴⁸ Dev Nandan Kumar, (2017), “*Empowerment of Persons with Disabilities through Institutional Based Rehabilitation Services*”, Asian Journal of Science and Technology. 2017. 5851-5856.

Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, (2019), in the book entitled, “Persons with Disabilities in Mizoram”, suggested that government policies and programmes should be made easily accessible to disabled people; vocational training must be conducted to generate employment among disabled people; proper awareness must be given among general people and the families of persons with disabilities; the government should carry out complete vaccination among disabled people to avoid diseases such as mumps, measles, etc; The inclusion of AWWs to carry out awareness programmes at the block level was also suggested⁴⁹.

Masroor Jahani, Amool R. Singh. Thomas Kishore, and Amble Tom, (2019), in their article entitled, “Rights of Persons with Disabilities Act 2016: Appraisal and Critical Review”, found that the implementation and provisions of the act are questionable as the act allocates only one percent reservation for intellectual disabilities, mental illness, autism spectrum disorders, and multiple disorders which seems to be inadequate for these needy persons with disabilities. The study found that the RPwD Act fails to specify the categories of disabilities that can be included in inclusive education despite introducing the concept of inclusive education. As this is an analysis of the RPwD Act 2016, it is imperative to know the acts that are questionable for the researchers and administrative officials⁵⁰.

Manik Chandra Pandit, (2019), in the article entitled, “National Social Assistance Programme”, highlighted the structure of NSAP in matters relating to the allocation of funds and the number of actual beneficiaries in India about IGNOAPS, IGNWPS, IGNDPS, NFVBS, and Annapurna. Around 9200.00 crore is released annually, and it is usually 247.37 crore for the Indira Gandhi National Disability Pension Scheme. The article illustrated that 7,72,220 people with disabilities are entitled to the scheme. The statistical data revealed that there are 25,576 beneficiaries

⁴⁹ Social Welfare & Tribal Affairs, Government of India. (2019). Persons with Disabilities in Mizoram. Gilead Special School.

⁵⁰ Masroor Jahan, Amool R. Singh, M. Thomas Kishore, Amble Tom. (2019). *Rights of Persons with Disabilities Act 2016: Appraisal and Critical Review*. Indian Journal of Clinical Psychology, Vol. 46. No. 1. 2019.5-13.

in Mizoram, and Mizoram is among the states that distribute pensions monthly, while some states distribute pensions quarterly⁵¹.

Mizoram State Centre, and National Informatics Centre, (2019), in their report, “State Profile at a Glance”, outlined several government initiatives as well as the present state of each project that is being carried out. The National Social Assistance Programme, which falls under the National Level Software Project, is one of the initiatives profiled. It emphasises how this plan fulfils its constitutional requirements. The main goals of the Directive Principles of State Policy (DPSP), which are to end economic disparity and provide public support for the elderly, disabled, and jobless, are covered in the current literature⁵².

Planning & Programme Implementation Department, (2019), in the report, “Mizoram Economic Survey 2018-2019”, revealed that welfare schemes such as Old Age Home, IGNDPS, IGNWPS, IGNOAPS and NFBS had been implemented by the State Government. The study revealed that there were 742 beneficiaries under the Indira Gandhi National Disability Pension Scheme and 33.40 lakhs had been sanctioned for this scheme⁵³.

Suresh Bada Math, Guru S. Gowda, Vinay Basavaraju, Narayna Manjunatha, Channaveerachari Naveen Kumar, Sharad Philip, Mahesh Gowda, (2019), in their article entitled, “The Rights of Persons with Disability Act, 2016: Challenges and opportunities”, revealed that there is a one percent reservation for government jobs and seats, which is very challenging. The RPWD Act, 2016 is not inclusive enough as far as reservations in government jobs and higher educational institutions are concerned. They concluded that the state governments must take proactive measures with strong participation to implement the Rights of Persons with Disability Act, 2016⁵⁴.

⁵¹ Manik Chandra Pandit. (2019). *National Social Assistance Programme*. <https://rural.gov.in>.

⁵² Mizoram State Centre, and National Informatics Centre. (2019). *State Profile at a Glance*. <https://mizo.nic.in>.

⁵³ Planning & Programme Implementation Department. (2019). *Mizoram Economic Survey 2018-2019*.

⁵⁴ Suresh Bada Math, Guru S. Gowda, Vinay Basavaraju, Narayna Manjunatha, Channaveerachari

Planning & Programme Implementation Department, (2020), in the report, “Mizoram Economic Survey 2019-2020”, highlighted that Indira Gandhi National Disability Pension Scheme was implemented and the State Government has been implementing welfare programmes for the aged, persons with disabilities, widows, etc. According to the primary data provided in the report, there were 742 beneficiaries under the Indira Gandhi National Disability Pension Scheme and 14.42 lakhs had been sanctioned for this scheme⁵⁵.

Suraj Singh Senjam, and Amarjeet Singh, (2020), in their research article entitled, “Addressing the health needs of people with disabilities in India”, revealed that people with disabilities need more care and attention than people without disabilities. They needed special and higher healthcare compared to people without disabilities. They revealed that the Telangana disability study highlighted that chronic health conditions were likely to increase among the disabled. The study also showed that disabled people had a higher risk of getting diseases like diabetes and mental retardation than people without disabilities⁵⁶.

Office of the Chief Commissioner for Persons with Disabilities (Divyangjan) Department of Empowerment of Persons with Disabilities (Divyangjan), (2020), “Annual Report 2019-2020”, found that every State Commissioner position ought to have a uniform administrative framework. Depending on the size and needs of the State, its composition and number of officials may change. The Office of CCPD will assist in creating a single protocol that will be standard for State Commissioner operations. State Commissioners must communicate with all State Departments more frequently, and they should provide workshops to raise awareness of PwDs' rights, entitlements, and the protections provided by the RPwD Act of 2016. 8. The State Commissioners must act to promote the Central and State Governments' policies and

Naveen Kumar, Sharad Philip, Mahesh Gowda. (2019). *The Rights of Persons with Disability Act, 2016: Challenges and opportunities*. Indian J Psychiatry. 2019. 6. S809-S815.

⁵⁵ Planning & Programme Implementation Department. (2020). *Mizoram Economic Survey 2019-2020*.

⁵⁶ Senjam SS, Singh A. (2020). *Addressing the health needs of people with disabilities in India*. Indian J Public Health. <https://www.ijph.in/text.asp>.

initiatives for PwD empowerment⁵⁷.

Shivani Gupta, Agnes Mershoek and Luc. P. de Witte (2020), in the article entitled, “Dimensions of Invisibility: insights into the Daily Realities of Persons with disabilities living in rural communities in India”, focused on the difficulties disabled individuals face in exercising agency in their day-to-day activities, providing valuable insights into their lives. Therefore, it is necessary to address the dependency that people with disabilities experience⁵⁸.

Ministry of Statistics and Programme Implementation (2021), in the book entitled, “Persons with Disabilities (Divyangjan) in India- A Statistical Profile”, revealed the role of District Disability Rehabilitation Centers, which are responsible for conducting, providing, and carrying out an awareness campaign; training and other rehabilitation services in the concerned districts in India. The report highlighted that there are 15,160 disabled people in Mizoram, which is 1.38 percent of the total population of Mizoram⁵⁹.

Office of the Commissioner of Persons with Disabilities, Govt of Mizoram, (2021), in the report entitled, “Annual Report: 2019-2020”, highlighted the problems such as the lack of colleges and institutions, hospitals, and churches that are easily accessible for persons with disabilities. The reservation roster system is not yet strictly followed by all departments for persons with disabilities, and it has been suggested that all educational institutions, hospitals, and churches should be made easily accessible for persons with disabilities. The appropriate department should follow the reservation roster system as per the act, and Aizawl Municipal Corporation must ensure that AMC building regulations, 2012 are strictly followed by every public building to make a barrier-free environment for persons with

⁵⁷ Office of the Chief Commissioner for Persons with Disabilities (Divyangjan) Department of Empowerment of Persons with Disabilities (Divyangjan). (2020). *Annual Report 2019-2020*. <https://pwds.mizoram.gov.in>.

⁵⁸ Shivani Gupta, Agnes Mershoek and Luc. P. de Witte. (2020). Dimensions of Invisibility: insights into the Daily Realities of Persons with disabilities living in rural communities in India.

⁵⁹ Government of India, Ministry of Statistics and Programme Implementation. (2021). *Persons with Disability India- A Statistical Profile:2021*.

disabilities⁶⁰.

Abhilasha Kotwal, (2021), in the article entitled, “A Budget-Beneficiaries Analysis of the National Social Assistance Programme in Respect to the Social Sector in India”, revealed that IGNDPS ignored the rest of the disabled population of India that does not fall under the 80 percent disabled criteria, which enforced equality. He found that the use of BPL methodology for the identification of the beneficiaries is unreliable as a substantial number of individual households are still unaccounted for as below the poverty line, which in turn leaves them out of the beneficiary count of the National Social Assistance Programme⁶¹.

Riddhi Dastidar, (2021) in the article, “Coronavirus: India’s inadequate disability pensions pushed its mental health patients to the brink”, found that for people with psychological disabilities, financial sanction was found to be inadequate and inconsistent. The study highlighted the problems and socio-economic conditions of people with disabilities in Kolkata. They did not have any proper sources of income or proper financial support during the pandemic. The study also highlighted that there were some barriers such as societal stigma, attitudes, and lack of educational and employment opportunities that prevented people with psychological disabilities from participating fully in society⁶².

Madi reddy Lakshmi Bhavana, Akshara Kamath, Saumya Badigineni, Arijit Nayak, Akshay Jain, (2021), in their book entitled, “An empirical study on disability schemes in India”, highlighted the survey conducted in Rajasthan, which stated that various people with disabilities have more than 80 percent with multiple disabilities do not avail of the benefit of the Indira Gandhi National Disability Pension Scheme because of a lack of awareness and a lack of financial assistance to cover larger

⁶⁰ Office of the Commissioner of Persons with Disabilities, Govt of Mizoram. (2021). *Annual Report: 2019-2020*. <https://pwds.mizoram.gov.in>.

⁶¹ Abhilasha Kotwal. (2021). *A Budget-Beneficiaries Analysis of the National Social Assistance Programme in Respect to the Social Sector in India*. <https://papers.ssrn.com>.

⁶² Riddhi Dastidar. (2021). *Coronavirus: India’s inadequate disability pensions pushed its mental health patients to the brink*. <https://scroll.in>.

sections of society⁶³.

Andjela H. Kaur, and Dimity Peter, (2021), in their article entitled, “Disability Stigma and Covid-19 Response: Impact of Early Resource Allocation Policies and Recommendations for Countering Stigma in Public Health Crisis”, assessed and analysed Disability Stigma and Covid-19 Response in the United States of America. They specifically dealt with the problems of people with psychiatric disabilities and suggested ways to reduce stigma and disability stigma. Personal interaction, interactions with health and medical staff, and interactions between health workers and disabled patients have been suggested to reduce psychiatric disabilities and disability stigma in society⁶⁴.

Rabindra Kumar Mohanty, (2021), in the book entitled, “Rehabilitation of Disabled and Inclusive Development: A Study in Aizawl District of Mizoram”, suggested that all facilities under RPWD Act 2016 should be made accessible to PwDs by making them sufficiently aware. Ramps should be established in every church, public institution and office. Research Project sponsored by Govt. of Mizoram 2019-2021. Disabled people should be provided with educational and medical facilities and should also be given employment opportunities. Care must be taken against the misuse of job quotas for PwDs by non-disabled persons. Awareness towards the importance of uplifting PwDs should be carried out more often and community-based Based Rehabilitation Centres should be established which is beneficial to meet the needs of disabled people⁶⁵.

Lorrain Wapling, Rasmus Schjoedt, and Daisy Sibun, (2021), in their book entitled, “Social Protection and Disability in India”, revealed that only 46 percent of people with disabilities have been issued disability certificates as per the 2011 census, which is very low. They found that cognitive and psychological impairments

⁶³ Madi reddy Lakshmi Bhavana, Akshara Kamath, Saumya Badigineni, Arijit Nayak, Akshay Jain. (2021). *An empirical study on disability schemes in India*. LEXFORTI LEGAL JOURNAL. Vol II. Issue III.

⁶⁴ *Disability Stigma and Covid-19 Response: Impact of Early Resource Allocation Policies and Recommendations for Countering Stigma in Public Health Crisis*. <https://pubs.iscience.in>.

⁶⁵ Rabindra Kumar Mohanty. (2021). *Rehabilitation of Disabled and Inclusive Development: A Study in Aizawl District of Mizoram*. <https://www.scribd.com/document/680292413/Disability-Project-Report-Sharable>.

were of poor quality and that poor access to disability assessments acted as barriers for people with disabilities. They found that there were limitations regarding public awareness and a lack of training and sensitization that hampered the status of people with disabilities in India. They also found that the BPL targeting mechanism in the schemes was a great barrier as many people were excluded and not entitled to get pension benefits⁶⁶.

Shubha Nagesh, Amanda Dorsey, Colin Weiss, Ashley Darcy-Mahoney, Megha Girdhar, and Spoorti Chimmalgi, (2021), in their article entitled, “Young Girls with Developmental Disabilities in the Himalayas: A Closer Look”, explored the status of Disabled persons in India and entailed correlation between Disability and Gender in India. The study was conducted in Dehradun, including 24 families in a semi-structured home-based interview. They highlighted that families of people with disabilities often receive blame from the community. Because of a lack of awareness and their existence from their families, the government of India failed to recognize persons with disabilities. So many disabled people are not reported and do not receive the welfare schemes and funds available to them⁶⁷.

Prof. S. Venkatesh, Shruthi. (2021), in his article entitled, “An Analysis of Schemes under National Social Assistance Programme for the Deprived Society in India”, revealed that necessary precautions should be taken by the State Governments to utilize the fund efficiently. The study concluded that the Central Government was doing its part of the work very effectively whereas the State Government had failed in the implementation and effective utilization of the funds and there was also a lack of awareness about the schemes. The study suggested that necessary steps should be taken by the State Government to make the schemes familiar among the deprived society and make effective utilization of the funds released⁶⁸.

⁶⁶ Lorrain Wapling, Rasmus Schjoedt, Daisy Sibun. (2021). *Social Protection and Disability in India*. Development Pathways.

⁶⁷ Shubha Nagesh, Amanda Nicole Dorsey, Colin Weiss, (2021). *Young Girls with Developmental Disabilities in the Himalayas- A Closer Look*. Journal of Disabilities Studies. ISSN:2454-6623.

⁶⁸ Prof. S. Venkatesh, Shruthi. (2021). An Analysis of Schemes under National Social Assistance Programme for the deprived society in India.<https://www.tojqi.com>.

Rubina Nusrat, (2021), in his article entitled, “Revisiting the Success Stories and Unmet Targets of National Social Assistance Programme”, highlighted that Gujarat, Assam, Meghalaya and Lakshadweep are using 100 percent DBT for payment of benefits under the NSAP Schemes. In addition, the states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Andhra Pradesh and Telangana have been reported to be following their own MIS for being DBT compliant. Other States may like to report the action plan for being DBT compliant shortly. In addition, according to MPR, the states of Odisha, Nagaland and Andhra Pradesh are following 100 percent disbursement through cash mode. As per the guidelines, cash disbursement of pension is to be followed only in exceptional cases⁶⁹.

Ministry of Rural Development, Government of India, (2023), in the report entitled, “Report of the Comptroller and Auditor General of India on Performance Audit of National Social Assistance Programme”, emphasised that the Gram Sabha/Ward Committee was required by the NSAP rules to undertake a social audit at least once every six months. Even though social audits were not carried out at all in more than 70 percent of the States and Union Territories, the entire expected allocation of ₹ 172.24 crore towards social audit as part of administrative expenses was declared as utilised under the guidelines. The audit found that in 25 States and UTs, no social audit had ever been carried out⁷⁰.

Riddhi Lakhiani, Nivedita Krishna and Krithika Sambasivan, (2023), “Strengthening the Implementation of India’s National Disability Pension Scheme (IGNDPS)”, highlighted that the BPL Census of 2002 (conducted by the Ministry of Rural Development (MRD) along with States/UTs) was used to identify beneficiaries under IGNDPS. The 2002 BPL Census used a better methodology than its predecessors through the use of an indicator-based scoring approach (with 13 indicators of material poverty like clothing, landholding, food security, etc) instead of using operating income or consumption expenditure as an identification criterion

⁶⁹ Rubina Nusrat, (2021). *Revisiting the Success Stories and unmet targets of National Social Assistance Programme*. JETIR. 2021, Vol 8. Issue 8.

⁷⁰ Ministry of Rural Development, Government of India. (2023). Report of the Comptroller and Auditor General of India on Performance Audit of National Social Assistance Programme. <https://gac.gov.in>.

for poverty. They have recommended that the Ministry of Rural Development use SECC, 2011 data to identify NSAP beneficiaries. However, the data was last updated in 2011, leading to high inclusion and exclusion errors⁷¹.

K. Madan Gopal, Rishita Mukherjee, Shobhit Kumar and Shrestha Hazra (2024), in the article entitled, “Senior Care Reforms in India: Reimagining The Senior Care Paradigm”, found that more engagement opportunities are needed for seniors, particularly for those who are homeless, bereaved, or living alone. Senior engagement can be increased by taking the following steps to ensure that they are not marginalised: encouraging senior citizens to take on social responsibility and participate in the community. educating the local population on the value that seniors provide to society. networking among senior citizens through Senior Citizens Associations, Social Support Groups, Octogenarian Clubs, Centenarian Clubs, and Hobby Clubs, among other means⁷².

J. Suresh Kumar, and D. Shobana, (2024), in their article entitled “A Study on Evaluation and Implementation of Indian Social Security Programs and Initiatives in India” revealed that policymakers and programme managers should carry out routine evaluations, communicate with stakeholders, and put adaptable, flexible solutions into place to address these issues. The suggestions made by the literature are comprehensive outreach and awareness campaigns, enhanced data management, simplified application processes and implementation of user-friendly online portals and mobile applications for easy enrollment, community engagement and empowerment, continuous learning and capacity building and public-private partnerships etc⁷³.

⁷¹ Riddhi Lakhiani. (2023). *Strengthening the Implementation of India's National Disability Pension Scheme (IGNDPS)*. A Policy Memo, Pacta.

⁷² K. Madan Gopal, Rishita Mukherjee, Shobhit Kumar and Shrestha Hazra. (2024). *Senior Care Reforms in India: Reimagining The Senior Care Paradigm*. NITI Aayog.

⁷³ Suresh Kumar J, and Shobana D. (2024). A Study on Evaluation and Implementation of Indian Social Security Programs and Initiatives in India. <https://www.rsisinternational.org>.

Research Gap

From the aforementioned literature review, it can be seen that a large number of studies have been conducted in this field. The reviews undoubtedly revealed the programs, plans, laws, and regulations aimed at the welfare of disabled people in India and Mizoram and the role and responsibilities of the departments and the nodal ministry implementing the programs. However, no study specifically reveals the socio-economic conditions of the beneficiaries of the Indira Gandhi National Disability Pension Scheme, the demographics of the beneficiaries, and the role and responsibilities of the IGNDPS functionaries at the field, state, and national levels. No major research has yet been done in this area. There are no relevant studies that reveal measures or recommendations to address the problems faced by IGNDPS beneficiaries and officials of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. That is why the researcher has chosen this topic. This study revealed various constraints, problems, and obstacles that continue to threaten the rights of disabled persons and beneficiaries of the Indira Gandhi National Disability Pension Scheme. The literature review has shed light on various issues related to the rights of differently abled and disabled persons, but no research has been found on the current topic "National Social Assistance Programme in India: A Case Study of Indira Gandhi National Disability Pension Scheme in Mizoram". Hence the present research is done as there is no other research on the Indira Gandhi National Disability Pension Scheme in Mizoram.

Statement of the Problem

Rigid disability measurement rules prevent aspects of disability that do not conform to IGNDPS. Some disabled people are economically and socially backward and need the government's help, but due to India's rigid disability measure, many disabled people are not eligible for the Indira Gandhi National Disability Pension Scheme in India and even in Mizoram. Disability stigma also hinders the lives of disabled people. They may be denied access to the pension system and other social security programs available to them. These barriers need to be broken down through awareness. The inclusion of disabled people in the decision-making process and the

participation of disabled people at a structural level would increase trust and reduce and eliminate the stigma of disability in society.

Excluding the disabled population that does not meet the 80 percent disabled requirement creates an inequity where assistance is provided to only a fraction of the disabled community. In addition, lack of awareness is one of the obstacles that prevent disabled people from accessing social security and the national pension system for disabled people. The main challenges are limited public awareness and raising the awareness of the beneficiaries. Lack of training and awareness of people working in the government on disability-related issues is also a difficult problem. Lack of awareness among teachers, administrators, the general public, and people with disabilities remains a major challenge. The lack of a measure to adjust the amounts given based on pensions to the inflation rate by harmonizing them with the central government is a big challenge. In addition, persons wishing to use the pension system must have a certificate of severe or compound disability. The central assistance under the Indira Gandhi National Disability Pension Scheme is Rs. 300 per month per beneficiary. At the same time, the State Government of Mizoram is required to contribute at least the same amount to the pension amount. Both the central contribution and the state government contribution are inadequate for the poor and it becomes difficult to get necessities through monthly pensions. Thus, it is said that the amount of pension was not properly reviewed to increase the amount of pension for people with compound disabilities.

Scope of the Study

The study focused on the historical background, main features, components, and objectives of the National Social Assistance Programme in India and Mizoram. The study examined the administrative setup and working of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram in the implementation process of the Indira Gandhi National Disability Pension Scheme. The study covered the implementation of the scheme and assessed the socio-economic conditions of the beneficiaries of the Indira Gandhi National Disability Pension Scheme and their impact. The study found out the problems, issues, and challenges faced while

implementing the scheme. Finally, the study came up with measures, recommendations, and suggestions for further improvement of the scheme and proper implementation, which would benefit differently-abled people at large.

Objectives of the Study

1. To study the historical background of National Social Assistance Programme in India and Mizoram
2. To study the main features, components, and objectives of Indira Gandhi National Disability Pension Scheme in Mizoram
3. To study the administrative setup and working of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram
4. To study the implementation process of India Gandhi National Disability Pension Scheme in Mizoram
5. To study the impact of Indira Gandhi National Disability Pension Scheme on the socio-economic conditions of the beneficiaries in Mizoram and
6. To find out the problems, issues, and challenges faced while implementing the scheme in Mizoram and to give suggestions for the proper implementation of the scheme that would benefit differently-abled persons at large.

Research Questions

1. What is the historical background of National Social Assistance Programme in India?
2. What are the main features, components, and objectives of National Social Assistance Programme?
3. What is the administrative setup and working of Directorate of Social Welfare & Tribal Affairs, Government of Mizoram?
4. How is Indira Gandhi National Disability Pension Scheme implemented in

Mizoram?

5. What are the impacts of Indira Gandhi National Disability Pension Scheme on the socio-economic conditions of the beneficiaries in Mizoram?
6. What are the problems, issues and challenges faced while implementing the scheme in Mizoram and suggestions for the proper implementation of the scheme which would benefit differently-abled persons at large?

Methodology

The study is based on descriptive design and is cross-sectional in nature. Both primary and secondary sources of data were collected for the present study. A mixed-method approach was adopted to collect primary data from the officials of the Social Welfare Department, Government of Mizoram as well as from the selected districts to gain a better knowledge of the situation of persons with disabilities in the study area. The survey was conducted to collect the primary data all over the state, besides that case study and direct observation methods also were used to study in detail. 40 administrative officials were interviewed and visited.

There are 15,160 persons with disabilities in Mizoram according to the data from the Office of Commissioner for Persons with Disabilities, Government of Mizoram. There are 742 beneficiaries under Indira Gandhi National Disability Pension Scheme in Mizoram, according to data from the Directorate of Social Welfare & Tribal Affairs, Government of India. The district-wise list of beneficiaries of the Indira Gandhi National Disability Pension Scheme in Mizoram is given in the following table.

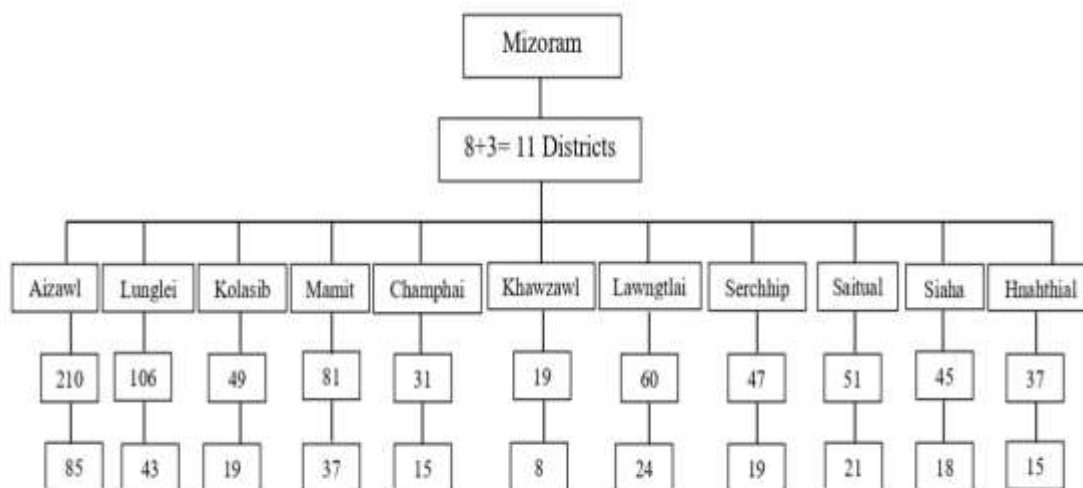
Table 1 Total number of beneficiaries under IGNDPS in Mizoram

SI No.	District	Project/DDO	IGNDPS
1	Aizawl	DSWO, East	66
		DSWO, West	79
		CDPO, Darlawn	22
		CDPO, Thingsulthlah	18
		Aibawk	26
		Total	210
2	Lunglei	DSWO, Lunglei	63
		DSWO, Lungen	24
		CDPO, Bunghmun	19
		Total	106
3	Champhai	CDPO, Champhai	14
		CDPO, Khawbung	23
		Total	37
4	Kolasib	Thingdawl	34
		Bilkhawthlir	15
		Total	49
5	Serchhip	DSWO, Serchhip	24
		DSWO, East Lungdar	23
		Total	47
6	Lawngtlai	CDPO, Lawngtlai	15
		CDPO, Chawngte	21
		CDPO, Bungtlang S	8
		Sangau	16
		Total	60
7	Mamit	Reiek	25
		W. Phaileng	25
		Zawlnuam	31
		Total	81
8	Siaha	Siaha	22
		Tipa	23

		Total	45
9	Saitual	CDPO, Ngopa	20
		CDPO, Phullen	20
		CDPO, Thingsulthlah	11
		Total	51
10	Khawzawl	CDPO, Khawzawl	19
		Total	19
11	Hnahthial	CDPO, Hnahthial	37
		Total	37
		Total	742

Sources: Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during the month of September 2022 to March 2024.

Table 2 Total number of selected beneficiaries of IGNDPS in Mizoram



Sources: Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during the month of September 2022 to March 2024.

Table 1 shows the total number of IGNDPS beneficiaries in Mizoram and the district-wise list of beneficiaries in Mizoram. Presently, there are 11 districts in Mizoram such as Aizawl, Lunglei, Champhai, Kolasib, Serchhip, Lawngtlai, Mamit,

Siaha, Saitual, Khawzawl, Hnahthial. There are 15,160 persons with disabilities in Mizoram as per the official record of the Office of Commissioner for Persons with Disabilities, Government of Mizoram. There are 742 beneficiaries under IGNDPS in Mizoram out of which 40 per cent of the beneficiaries were taken to represent the whole of Mizoram for the present study. Aizawl district is divided into five zones such as DSWO East, DSWO West, CDPO Darlawn, CDPO Thingsulthliah, and Aibawk. The total number of IGNDPS beneficiaries in Aizawl District is 210, out of which 85 were selected using a proportionate stratified sampling method and the samples were drawn from each district-wise- list of beneficiaries. Secondly, the Lunglei district is divided into three zones such as DSWO Lunglei, DSWO Lungsen, and CDPO Bunglei. Lunglei district has 106, out of which 43 IGNDPS beneficiaries were selected using a proportionate stratified sampling method. Thirdly, Champhai district is divided into two zones such as CDPO Champhai and CDPO Khawbung. Champhai district has 37, out of which 15 beneficiaries were selected. Kolasib district is divided into two zones such as Thingdawl and Bilkhawthlir. Kolasib district has 49, out of which 19 IGNDPS beneficiaries were selected using a proportionate stratified sampling method. Serchhip district is divided into two zones such as DSWO Serchhip and DSWO East Lungdar. Serchhip district has 47, out of which 19 beneficiaries were chosen using a proportionate stratified sampling method.

Lawngtlai district is divided into four zones such as CDPO Lawngtlai, CDPO Chawngte, CDPO Bunglei S, and Sangau. Lawngtlai district has 60, out of which 24 IGNDPS beneficiaries were selected. Mamit district is divided into three zones such as Reiek, W. Phaileng, and Zawnuam. Mamit district has 81, out of which 37 IGNDPS beneficiaries were selected. Siaha district is divided into two zones such as Siaha and Tipa. Siaha district has 45, and 18 IGNDPS beneficiaries were selected. Saitual district is divided into three zones such as CDPO Ngopa, CDPO Phullen, and CDPO Thingsulthliah. Saitual district has 51, 21 IGNDPS beneficiaries were selected. Khawzawl district has 19, 8 beneficiaries were selected and CDPO Khawzawl is undertaking responsibilities for the scheme. Hnahthial district has 37, 15 IGNDPS beneficiaries were selected using a proportionate stratified sampling method and CDPO Hnahthial district is undertaking responsibilities for the scheme.

Hence, the total sample size is 300. By using the lottery method, and samples were drawn.

A Semi-structured interview schedule was used to get information from the beneficiaries under IGNDPS of Mizoram. A mixed type of questionnaire (both closed and open-ended) was distributed among the administrative officials of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, Office of the State Commissioner for Persons with Disabilities, Government of Mizoram. A personal interview was conducted with the State Commissioner for Persons with Disabilities in Mizoram to know about the rules, regulations, and functioning of the office of the State Commissioner for Persons with Disabilities.

Secondary data were used from the reports of the state as well as the central government in meetings and workshops, official records, and documents. There are published and unpublished books, magazines, articles, journals, and internet sources that were collected for secondary sources. The collected data were analyzed by using descriptive statistics in the form of simple percentages, frequency distribution proportions, etc. SPSS (Statistical Package for the Social Sciences) software was used for data analysis.

Chapterisation

The thesis has been divided into seven chapters:

The first chapter is “Introduction: A Conceptual Framework” which provides general background information on the components of the National Social Assistance Programme and Indira Gandhi National Disability Pension Scheme in India and Mizoram. The chapter includes social security in India, five-year plans, constitutional provisions, theoretical framework, Rights of Persons with Disabilities Act 2016, The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 etc. The Chapter includes an introduction, a review of the literature, research gap, statement of the problem, scope of the study, objectives of the study, research questions, methodology and chapterisation.

The second chapter is “National Social Assistance Programme in India and Mizoram” which deals with the historical background of NSAP, the administrative arrangement of NSAP, highlights the funds-related matters and the procedure for the release of the first installment and second installment, the disbursement of pension, some methods that have combined with NSAP State-specific variations of guidelines.

The third chapter is the “Administrative set-up and working of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram” which deals with the history of the Social Welfare Department which was set up as a separate division within the Education Department between 1973 and 1974, the responsible functionaries or agencies such the Mizoram Social Defence & Rehabilitation Board, The Jordan Centre at Sethawn, the Disability Pension, the Eklavya Model Residential School (EMRS), National Social Assistance Programme and Deendayal Disability Rehabilitation Scheme (DDRS) etc.

The fourth chapter is “Implementation of Indira Gandhi National Disability Pension Scheme in Mizoram” which deals with the financial assistance of the scheme, the goals and objectives of IGNDPS and the district-wise beneficiaries list, the implementation processes of the scheme such as how the responsible authority is linked with field-level functionaries, The necessary documents required to be obtained by the beneficiaries to apply for the scheme and, the role and functions of the implementing agencies etc.

The fifth chapter is “Impact of Indira Gandhi National Disability Pension Scheme on the Socio-economic Conditions of the Beneficiaries in Mizoram” which includes the Socio-demographic details of the respondents such as the age group of the beneficiaries, gender-wise category of beneficiaries, marital status, educational qualification, denomination, social category such as BPL, APL, AAY, PHH, religion of the beneficiaries, etc.

The sixth chapter is “Results and Discussion” which includes all findings from the Interview schedule such as the beneficiaries' questionnaire and administrative officials' questionnaire. This chapter analyzes and discusses the data

collected from beneficiaries and administrative officers. The study's objective is to learn about the obstacles that beneficiaries of IGNDPS faced in a variety of areas, as well as to obtain additional insight into the challenges encountered by administrative officials throughout the scheme's implementation.

The seventh chapter is “Summary, Major Findings, Conclusion and Suggestions” which contains the summary of all the chapters from Chapter I to Chapter VII. The chapter gave important suggestions and recommendations for the proper implementation of the scheme. Suggestions have been made from the major findings.

Chapter - II

NATIONAL SOCIAL ASSISTANCE PROGRAMME IN INDIA AND MIZORAM

The second chapter deals with the genesis of the National Social Assistance Programme in India, the administrative arrangement, the funds-related matters and procedures for the release of the first instalment and second instalment, the disbursement of pension etc. The second chapter highlights how the schemes under NSAP have been implemented in Mizoram and the guidelines and constitutional provisions. India is home to many individuals who are socially, economically, and politically diverse, but it also launched several impressive welfare programs to help those who are weak and disadvantaged. India is referred to as a welfare state because it has implemented numerous welfare programs and democratic elements, and all citizens are entitled to benefits based on their economic circumstances and by appropriate standards, such as fundamental rights and the Directive Principles of State Policy of the Indian Constitution.

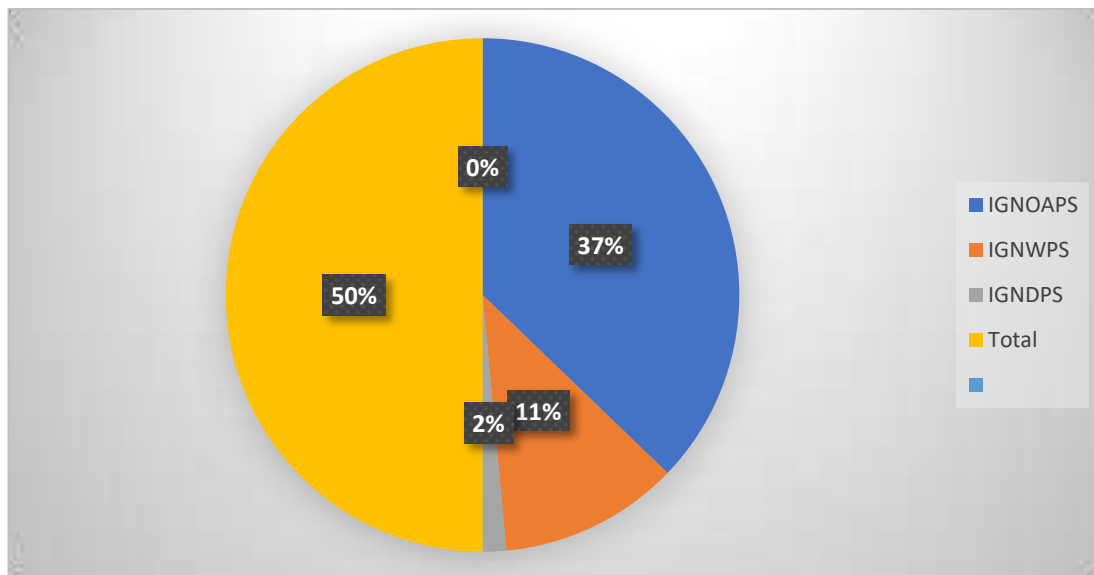
Genesis of National Social Assistance Programme

NSAP was launched on August 15, 1995, as an addition to the benefits that the states already offer or may offer in the future, and to ensure national minimum levels of social support for the weaker or more vulnerable segments of society. The National Old Age Pension Scheme (NOAPS), the National Maternity Benefit Scheme (NMBS), and the National Family Benefit Scheme (NFBS) were the only three programs included in the NSAP at its commencement. On April 1st, 2000, the Annapurna scheme was later implemented as a part of NSAP to cater to people who were not yet covered by NOAPS. NMBS was moved from the Ministry of Rural Development to the Ministry of Health, Government of India in 2001. Two additional programs, the Indira Gandhi National Disability Pension Scheme (IGNDPS) and the Indira Gandhi National Widow Pension Scheme (IGNWPS), were

introduced in February 2009. Thus, there are currently five schemes in NSAP. The financial assistance for NSAP was issued as Additional Central Assistance and allocated to the State Plan. However, as of April 1, 2014, NSAP is now a Centrally Sponsored Scheme run by the Ministry of Rural Development, Government of India and all states and union territories now get funding from this central ministry. NSAP is one of the core schemes of Centrally Sponsored Schemes in India. The current funding pattern of NSAP under CSSs in Mizoram is 90:10. The central government has more resources than the state governments, so CSSs are intended to supplement the state government's efforts. CSS can be regional or national in scope. The funding pattern for Centrally Sponsored Schemes (CSSs) in India varies depending on the state and can be 50:50, 70:30, 75:25, or 90:10. For North Eastern and Himalayan States, the funding pattern is 90:10. In all other States: The funding pattern is 60:40.

Historically, the NSAP was launched to help the poor and anyone else with no regular sources of income. NOAPS, NFBS, and NMBS are the three components of NSAP that have historically been present. To give 10 kg of rice, Annapurna was launched to eligible beneficiaries who are not covered by NOAPS. The Department of Health and Family Welfare was now in charge of NMBS. All qualified beneficiaries who are below the poverty line are now covered by the IGNOAPS. IGNOAPS was implemented in 2009 as one of the elements of NSAP and provided benefits to widows between the ages of 40 and 64 who were living below the poverty line. The IGNDPS was also launched in the same year for those with severe and multiple disabilities who are 18 to 64 years old and live in poverty. The IGNOAPS's age restriction was increased from 40 to 59 years old in 2011 to 40 to 79 years old in 2012. The age requirement for the IGNDPS was altered in 2011 to 18-59 years old, and then again in 2012 to 18-79 years old.

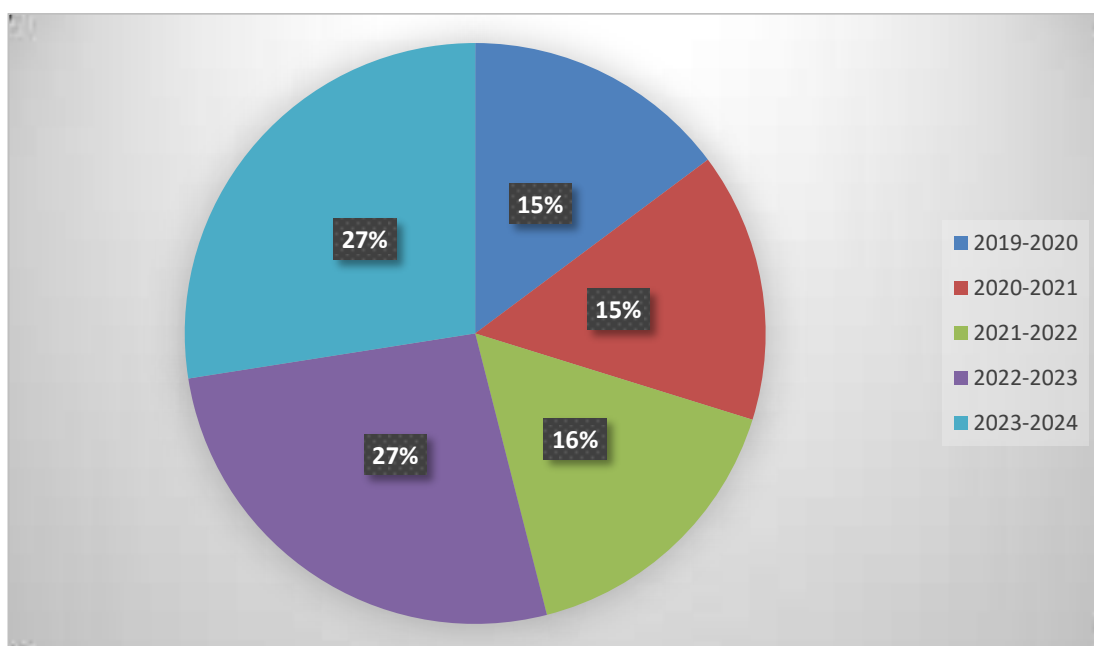
Chart 4 Total number of NSAP (IGNOAPS/IGNWPS/IGNDPS) beneficiaries in India



Source: <https://nsap.nic.in/>, accessed on 14-03-2024.

The above chart 4 indicates that the total number of Indira Gandhi National Old Age Pension Scheme beneficiaries is 22130687 in India. Among the schemes under NSAP, IGNOAPS beneficiaries are the largest. Secondly, the total number of beneficiaries of IGNWPS is 6735866. Thirdly, the total number of beneficiaries of IGNDPS is 881394. Therefore, the total number of beneficiaries according to the above table is 29747907. Nearly 2.06 percent of the population is currently covered by the National Social Assistance Programme in India from the total population. It can be said that more than 2 percent of the people in India are the most vulnerable sections of society and are currently supported by the Government of India through NSAP.

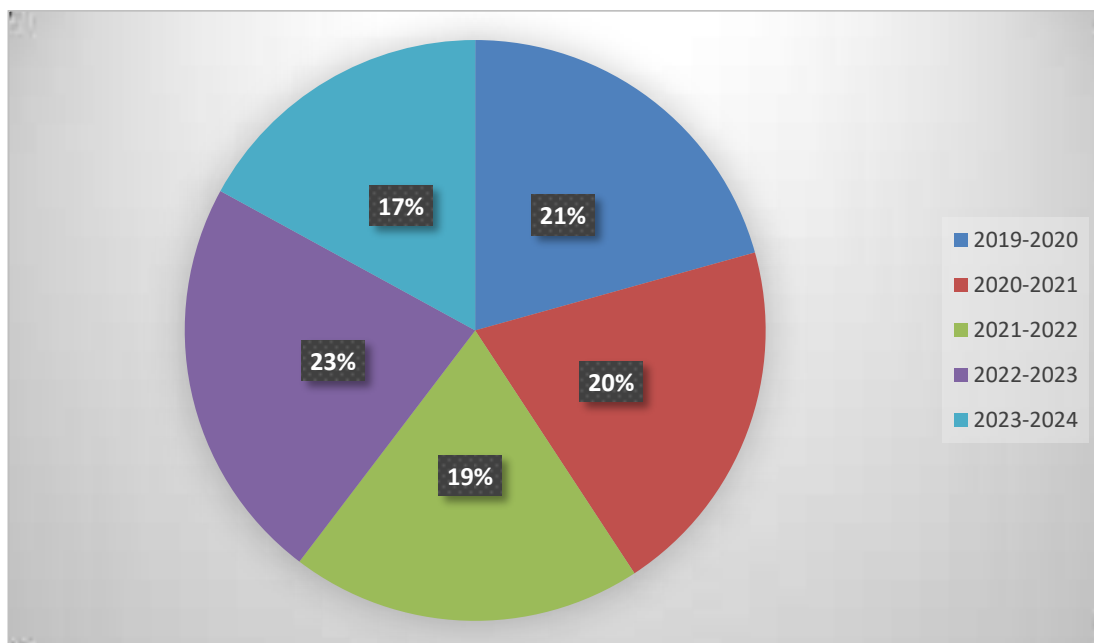
Chart 5 Number of beneficiaries in line with Aadhaar Card



Source: <https://nsap.nic.in/>, accessed on 14-03-2024.

The above chart 5 shows that the Government of India put sincere efforts to provide Aadhaar Cards to the beneficiaries of NSAP in India. The number of beneficiaries who have Aadhaar cards increased year by year. Among the beneficiaries, 1.34 crore had Aadhaar cards during 2019-2020. There were 1.36 crore during 2020-2021. 1.47 crore had Aadhaar cards during 2021-2022. 2.4 crore had Aadhaar cards during 2022-2023. During 2023-2024, there were 2.49 crore having Aadhaar cards. The table proves that almost all the beneficiaries have an Aadhaar card. Aadhaar cards are not only necessary to become NSAP beneficiaries in India but also necessary to open a bank account, avail of LPG subsidies, and access digital locker, Aadhaar is useful for ID proof at Indian railways and airports.

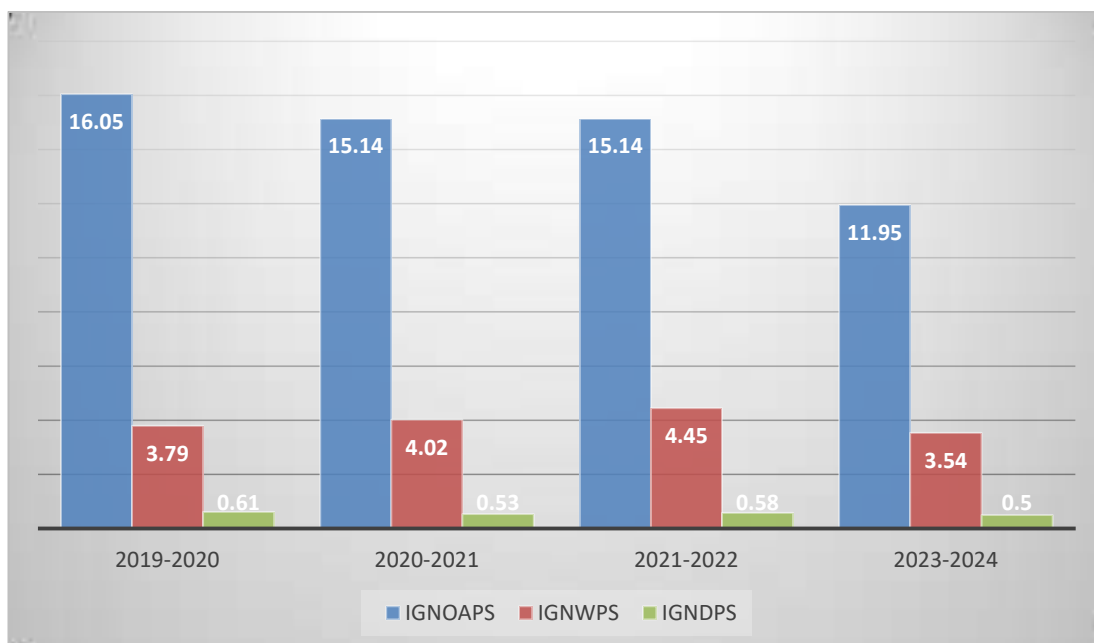
Chart 6 NSAP beneficiaries covered by DBT transactions in crore



Source: <https://nsap.nic.in/>, accessed on 14-03-2024.

The above chart 6 shows NSAP Beneficiaries Covered by DBT Transaction in crore. The Direct Benefit Transfer (DBT) program was launched by the Government of India on 1st January 2013. The main objective is to directly transfer the benefit to the weaker sections of society. The Government of India tries to transfer the benefits to the Aadhaar-linked bank account of the beneficiaries of some central schemes. And corruption, malpractices can be eradicated through this DBT program. It is a milestone that the Government of India has launched this DBT program for the vulnerable sections of society and the people or the beneficiaries of central schemes living below the poverty line. So, it is remarkable that the beneficiaries of NSAP received their monthly pension through Direct Benefit Transfer. The above chart indicates that among the beneficiaries, 20.45 crore were covered by DBT transactions during 2019-2020. 19.91 crore were covered by DBT Transaction during 2020-2021. 19.41 crore were covered by DBT transactions during 2021-2022. 22.42 crore were covered by DBT transactions during 2022-2023. 16.88 crore were covered by DBT transactions during 2023-2024.

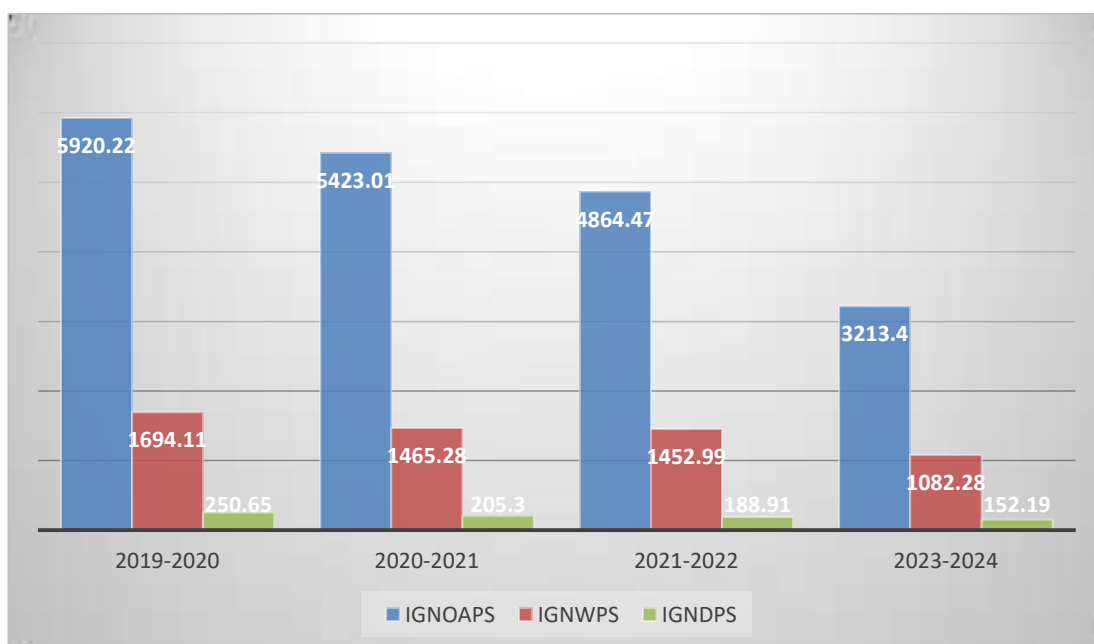
Chart 7 Beneficiaries (IGNOAPS, IGNWPS, and IGNDPS) covered by DBT transaction in crore



Source: <https://nsap.nic.in/>, accessed on 14-03-2024.

The above chart 7 indicates the total number of beneficiaries of the NSAP such as IGNOAPS, IGNWPS, and IGNDPS which were covered by DBT transactions in India. The previous chart highlighted the total number of all the beneficiaries. However, the present chart will show the total number of beneficiaries under each scheme of NSAP. During 2019-2020, there were 16.05 (IGNOAPS) crore, 3.79 (IGNWPS) crore, and 0.61 (IGNDPS) crore covered by DBT transactions in India. During 2020-2021, there were 15.14 (IGNOAPS) crore, 4.02 (IGNWPS) crore, and 0.53 (IGNDPS) crore covered by DBT transactions in India. During 2021-2022, there were 15.14 (IGNOAPS) crore, 4.45 (IGNWPS) crore, and 0.58 (IGNDPS) crore covered by DBT transactions in India. During 2023-2024 there were 11.95 (IGNOAPS) crore, 3.54 (IGNWPS) crore, and 0.5 (IGNDPS) crore covered by DBT transactions in India.

Chart 8 DBT fund transferred in crore



Source: <https://nsap.nic.in/>, accessed on 14-03-2024.

The above chart 8 indicates the funding pattern or the total amount of money funded to the schemes, namely IGNOAPS, IGNWPS, and IGNDPS under NSAP. During 2019-2020, 5920.22 (IGNOAPS), 1694.11 (IGNWPS), and 250.65 (IGNDPS) crores had been transferred. During 2020-2021, 5423.01 (IGNOAPS), 1465.28 (IGNWPS), and 205.30 (IGNDPS) crores had been transferred. During 2021-2022, 4864.47 (IGNOAPS), 1452.99 (IGNWPS), and 188.91 (IGNDPS) crores had been transferred. During 2023-2024, 3213.40 (IGNOAPS), 1082.28 (IGNWPS), and 152.19 (IGNDPS) crores had been transferred.

Administrative Setup of the National Social Assistance Programme

The Nodal Agency in India is the Ministry of Rural Development, Government of India and it gives guidance to the states and union territories. The tasks for NSAP implementation might be delegated to the state's Rural Development Department, Social Welfare Department, or Women and Child Development Department. At the district level, there are three levels of local self-government: Zilla parishad, the district level, and the lowest level, Gram Sabha. Zilla Parishad is tasked with carrying out the plan at the district level. Additionally, the Gram Sabha will

have complete authority over the village. However, Panchayat Samiti at the intermediate level will assist them in ensuring the appropriate execution of NSAP if the number of functionaries in Gram Sabha is insufficient. The nodal organization at the state level is in charge of making sure that funds are disbursed on time and that a quarterly report of expenditures is given to the Ministry of Rural Development, Government of India.

Since the state government must adhere to any amendments made by the Ministry of Rural Development, the state-level nodal agency must closely collaborate with the relevant ministry at the central level. The central ministry must periodically be informed of the overall number of beneficiaries. The state nodal agency shall establish committees at the state and district levels for monitoring and assessment. The state government or state nodal agency is responsible for designating a nodal officer for each district and block. For optimal performance, the nodal officer and suitable officer must have their own offices and administrative staff.

At the district level, the Zilla Parishad or district-level authority is responsible for ensuring the scheme is implemented properly and effectively, and they are required to adhere to the instructions and procedures supplied by the central ministry. Additionally, the authority must promote the program widely and raise awareness to make sure that those in need are informed about it and receive benefits. The authority is required to hold several meetings regularly. And to maintain proper monitoring, they must collaborate closely with the state government or the state nodal department. Additionally, the district-level authority is required to provide a report to the state nodal agency every quarter or as requested by it.

The Gram Panchayat is in charge of carrying out the scheme at the local level in the village. Local-level organizations like Self Help Groups, Anganwadi Workers, and Aasha Workers, among others, assist the village-level authorities by helping with tasks related to disseminating information to the underprivileged. For improved scheme execution, the village-level authority must schedule recurring evaluations, meetings, and debates. The Gram Panchayats need to have the authority to take an active role in identifying beneficiaries. The first step in obtaining a list of current

beneficiaries and the total number of beneficiaries is to identify the beneficiaries. If a beneficiary of the NSAP dies, a replacement can be made with the proposal and recommendation of the local-level functionaries because funds are often distributed by the central government according to the number of beneficiaries. Every instance of a pensioner's death must be immediately reported to the authority at the local level. Additionally, situations of fraudulent applicants or cases of errors must be reported right away to the sanctioning authority.

Funds related matters

The Ministry of Rural Development's budget includes the NSAP budget. The Ministry of Rural Development, Government of India has begun distributing funds to Indian states and union territories according to various schemes. The Ministry has advised the State to contribute at least an equal amount from their funds. Based on the number of beneficiaries reported by the states and union territories, the central government distributed funds to the states and union territories. The reported number of beneficiaries must serve as the foundation for the state and union territorial funds. If the central fund is determined to be insufficient, the state government has to provide financial aid to address the issue of deficiency.

Not all of the funds that the central government releases to the states and union territories go to NSAP beneficiaries; some of them might also be used for administrative costs. Administrative expenses are allowed to be covered by 3 percent of the money allocated to states and union territories. The state government's consolidated fund would get the first distribution from the central government. The money will be distributed in the manner shown below. Firstly, two instalments will be made of the annual allotment. Second, the initial payment shall represent 50 percent of the annual allotment. Thirdly, the annual allotment less the first instalment shall equal the second instalment.

Procedures for the release of the First instalment

First, the first instalment will be released automatically for those states and UTs if the state government or UT has previously received the second instalment. Second, the amount of any unpaid debt will be automatically subtracted from the first instalment. Thirdly, if the state government and UTs do not get the second instalment, they must submit a proposal for the first instalment along with all the necessary paperwork that was needed to be completed for the second instalment of the previous fiscal year to be released. Fourth, all state governments and UTs are required to present documentation that demonstrates the fulfilment of any conditions that were mentioned during a previous release, if any.

Procedure for release of Second Installment

First, at least 60 percent of all available money must be used (this includes the opening balance, releases made throughout the year, and other receipts). Secondly, the second release of administrative funds is contingent upon the use of 60 percent of the administrative funds available and the satisfaction of any criteria outlined in the first release. Thirdly, the satisfaction of any conditions mentioned during earlier releases, if any.

The state government is required to provide certain documents. First, the state government or UTs must submit a request for the release of the second payment, including information such as the year, name of the state/UT, the total amount of cash, etc. Additionally, the second installment release proposal is due on December 15th. After December 15th, no proposal will be approved unless there is a valid explanation. In addition to this, a usage certificate for the financial support received during the prior fiscal year (for the state as a whole) must be submitted.

Disbursement of Pension

The state government must make sure that the pension is paid out conveniently. The state government will give people a pension based on their social, economic, and capacity backgrounds. A vulnerable person won't have to travel more

than 3 kilometres to receive their pension amount. Doorstep payment delivery services are the option that the government must offer if the beneficiaries are unable to travel and go even a short distance due to physical issues and other justifiable causes.

There are other ways to make payments, including bank transfers, money orders, and post office accounts. However, bank accounts and post office savings accounts are the most popular forms of payment. This means that the pension funds will be credited to the beneficiaries' bank accounts or post office savings accounts. Both the central government and the state governments favour using the beneficiaries' bank accounts and post office savings accounts as a means of payment. Because using information technology as a payment method will guarantee quick, efficient, and on-time delivery. Payment methods such as door-to-door delivery services have the potential to waste time, and money, corruption, and postpone pension fund distribution.

All states and union territories are free to choose a payment method that works best for them and is convenient. All states and union territories are urged to apply for the Direct Transfer Benefit through workflow-enabled MIS to prevent delays and duplication of effort. States and UTs reported DBT transactions of 21.27 crore in 2018–2019 and 21.47 crore in 2019–2020. The States and UTs have digitized the data of 96 percent of beneficiaries through NSAP-PPS.

Implementation of the National Social Assistance Programme in India

India's States and Union Territories implement NSAP while adhering to the broad parameters set forth by the central government. The Social Welfare Department of the States or UTs is primarily in charge of implementing the program. But in several states, including Meghalaya, Goa, Andhra Pradesh, West Bengal, and Assam, the Rural Development Department is in charge of putting it into action. It is carried out by the Department of Women and Child Development in Orrisa and Puducherry. The Department of Revenue administers it in the states of Karnataka and Tamil Nadu. It is carried out by the Department of Labour, Employment & Training

in the state of Jharkhand. Every state has NSAP in place, both in the city and the countryside. As a result, the implementation is consistent. Accountable government officials should regularly discuss implementation-related issues.

Awareness generation: Creating awareness among the public about eligibility, the level of assistance, and the process to be followed to get benefits is one of the key duties for achieving the goal of the NSAP programs. Urban local government entities and panchayats at the district, block/intermediate, and village levels should be key players in raising public awareness. Self-help groups (SHGs) also play a crucial role. Through posters, brochures, the media, and other channels, States should provide widespread and ongoing exposure regarding the entitlements under the NSAP schemes and the process for claiming them.

Verification of the current beneficiaries: As part of NSAP, the current beneficiaries must be verified annually. For this reason, the States may form Special Verification Teams led by an authorized officer. Members of reputable non-governmental organizations operating in the area should be represented on the teams. Details about the team's members and the procedure might be widely publicized.

Confirmation of beneficiaries: Lists of people who have been suggested to be confirmed or deleted after the verification should be provided separately. The list that is suggested for deletion should include a justification for the deletion. Any interested party may submit claims and objections to the head of the special Verification Team within 15 days; the head's contact information will be made clear.

Identification of new beneficiaries: Gram Panchayats and Municipalities should play a key role in the identification of new beneficiaries. The NSAP's requirements and procedures should be made clear to elected officials. The beneficiaries should be proactively identified by contacting their houses based on the existing BPL list. However, if the name of an eligible person is not on the BPL list, that person should still be considered. The deserving person's eligibility should be determined and they should be added to the select list following the instructions given by the Hon'ble Supreme Court of India in W.P. no. 196 of 2001.

Applications: Applications must be submitted to enrol a new beneficiary. The States are free to create a straightforward format in the local language and make the application forms publicly accessible and free of charge. It ought to be accessible online and downloadable as well. While anybody can apply, it is the responsibility of the authorized officials to use an "out today" approach to contact potential beneficiaries, fill out the application forms, and help get the necessary information. The responsibility for locating beneficiaries and completing the forms should fall to field-level employees or officials.

Additionally, assistance should be given to get the necessary credentials from the relevant authorities. The birth certificate or school transcript may be used as proof of age. Ration cards and EPIC could be used in their place. It has been reported on multiple occasions that women who would otherwise be eligible for the IGNWPS are unable to do so since their names do not appear on their husbands' death certificates. When it comes to disabled people, the State should be required to set up camps in convenient locations, transporting potential beneficiaries there without charge. Disability certificates ought to be given out right away.

To check the applications against eligibility-related facts, the States may appoint a Verification Officer or Verification Team working under an authorized officer. Within two weeks of the application's receipt, this should be finished. The appropriate recommendation for sanction or rejection should be made by the verification officer along with justifications.

The processing of an application should not take longer than sixty days from the moment it is received until it is approved or rejected. Under his seal, the sanctioning authority will issue the sanction order. The suggested sanction order model format is used. Each beneficiary whose application for a pension under NSAP schemes has been approved must get a Pension Passbook. The Passbook must include information about the Sanction Order, the Pensioner, and payout information.

If the application is rejected, the reason for the refusal must be noted and communicated to the beneficiary and the Gram Panchayat/Municipality in writing.

Such an applicant would opt to make their first appeal to an appellate authority and their second appeal (review) to an authority that reviews appeal. The State Governments shall designate both the Appellate and Reviewing Authorities, and their functions shall be made known to beneficiaries, public representatives, and CSOs.

Electronic/IT Enabled the Transfer of Pensions

Use of Information Technology: In the NSAP, timely approval, release, and payout of pensions are necessary for efficient service delivery. The use of IT is necessary to increase the efficiency of NSAP implementation, both for sanction and payout of pensions.

NSAP – MIS- The Ministry has created software that is transactional and workflow-oriented to implement a fund management system that is IT-enabled. Additionally, States and UTs may use it for their pension scheme. This MIS has been created by the Ministry for adoption by all States and UTs. States and UTs that have created their software must guarantee that it is transferred to NSAP-MIS via bridge software. States with their software are required to ensure or permit data porting to the NSAP-MIS of the Ministry.

The functional features of NSAP-MIS are:

Beneficiaries Database- The States and UTs are obligated to keep a database of qualified beneficiaries and post it online. The complete information of the beneficiaries, including a photo, should be included in the beneficiary data. Since being a member of a BPL family is a requirement for pension approval, the planned link with the BPL database should be used to prevent pensioner duplication.

Legacy Data- It is necessary to submit this historical database to the NSAP website. For this reason, the NSAP website hosts historical data formats for IGNOAPS, IGNWPS, and IGNDPS. Due to the size of legacy data, it can be entered in offline (without constant internet use) legacy data formats that are available from the NSAP website, then submitted to the Ministry/NIC Delhi for processing and uploading. The required fields must be filled out, and the data must be accurate in

every way. Online data entry is required for new pensioner information.

Process flow for new beneficiaries- When entering data for new pensioners, the State, District, and Sub-district logins on the NSAP website. The application receiver completes the identification form for a new beneficiary, the verifying officer completes the verification, the sanctioning authority completes the sanctioning and issues the sanction order, and the pension disbursing authority completes the distribution. For the duration of the process, different logins were created for each role.

Fund Flow- Estimating the amount of money needed and managing its release are all included in the fund flow module. According to the number of beneficiaries, estimation is done from bottom to top, starting with the village or ward and moving up through the District, State, and Ministry. Up to the level of the Pension Disbursing Authority (PDA), allocation, and release are carried out in a top-to-bottom fashion, from the Ministry to the State to the District.

Pension Disbursing Authorities- The 'Pension Disbursing Authority' must be nominated and designated by the state governments.

Acquittance Roll- Acquittance rolls must be prepared each month and utilized to award pensions to beneficiaries who fall under the purview of a PDA, either Gram Panchayat- or Ward-wise. The beneficiary's name and the sum owed to her or him would be indicated on the Acquittance roll.

Updation of the Disbursement Ledger- To update the disbursement to the beneficiaries and to update the fund availability status with the PDA for further allocation, the disbursement ledger on the NSAP website must be updated after the pension has been paid out.

Discontinuation- The findings of the periodic verification might be entered if desired. This service can be used to stop a pension if it needs to be discontinued for any reason, including death, migration, crossing the BPL, or any other reason.

Reinstate- Pensioners who later become eligible for a pension after it has been discontinued may file an appeal with the Sanctioning Authority. He/she may be reinstated if proven to be eligible.

Central Plan Scheme Monitoring System (CPSMS)- CPSMS is a web-based basic transaction system for managing funds and sending electronic payments to beneficiaries and implementing organizations. The creation of a productive fund flow system and expenditure network is the main goal of CPSMS. It generates scheme-specific MIS on the real-time use of money released from the Consolidated Fund of India. Therefore, States and UTs should use CPSMS to distribute cash under NSAP schemes.

The Aadhaar-based platform for pension disbursement- This platform will make the sanction, payment, and disbursement processes even more efficient. Many States and UTs have advanced in enrolling beneficiaries in Aadhaar because they understand that doing so will reduce leakages and duplication. It might also give elderly mobility if they move from one location to another. This platform will additionally promote financial inclusion. To allow beneficiaries to obtain Aadhaar numbers through proactive outreach, the State should create a comprehensive plan that is attentive to their unique needs. After that, the Aadhaar numbers should be seeded in the bank and post office accounts. At the same time, it must be made sure that no beneficiary is denied their benefits because they lack a bank or post office account or an Aadhaar number.

State-Specific Variation of Guidelines

At the State/District and local levels, the NSAP implementation strategy should be based on these concepts. The methods and procedures have been thoroughly detailed in the following Chapters. However, it has been noted that the States' procedures differ from one another. It is also acknowledged that these variations come from regional needs. Therefore, within the confines of the fundamental tenets of NSAP, the States are free to introduce changes. The National Social Assistance Advisory Committee, established under the Ministry of Rural

Development, Government of India will need to approve these regulations once.

Convergence

Some methods have combined NSAP and convergence. The following convergence has been specified by the Ministry as being automatic:

All the beneficiaries of NSAP are required to participate in the Rastrya Skhisha Bhima Yojana (RSBY) or other state-level health insurance plans. Additionally, all NSAP participants are required to join the Aam Admi Bima Yojana. Both the Indira Awas Yojana and the benefits of urban housing programs must be made available to all NSAP recipients. All NSAP grantees' women must be enrolled in or members of the National Rural Livelihood Mission's and National Urban Livelihood Mission's Self-Help Groups. Additionally, the State and Central Governments must make sure that the NSAP recipients are qualified to receive the benefit of food security.

The Aajeevika Skills Programme must prioritize training for the children of NSAP beneficiaries. These recommendations should not be adhered to rigidly because the State Government may have its programs for the well-being of NSAP beneficiaries. The new scheme may also take the place of the previous one. For the authorities and verification team of the beneficiaries of other schemes to quickly determine if the current beneficiaries of NSAP are eligible to be the beneficiaries of other schemes, there should be a special database of NSAP beneficiaries.

Performance and Achievement in India (States & Union Territories)

Uneven implementation of the Scheme: The universal coverage of qualified beneficiaries is one of the NSAP's guiding principles. The beneficiaries should be proactively identified by contacting their households, by NSAP criteria. All eligible beneficiaries should receive benefits from the Scheme over the whole geographic area of a State or Union Territory. Nonetheless, examples of inconsistent NSAP implementation were noted in a few States/UTs.

Non-implementation of NSAP in Chandigarh: Eligible individuals below the poverty line (BPL) were covered by the NSAP when it was introduced in the UT of Chandigarh. However, with the National Food Security Act of 2013 coming into effect, the BPL category was eliminated in Chandigarh as of February 2014, and the beneficiaries of the Act were reclassified as Priority Households and Antyodaya Anna Yojana (AAY). The MoRD was asked by the UT of Chandigarh in July 2014, March 2017, and June 2017.

But no demands were made for the years 2018–19 and 2019–20. No additional additions or deletions were made under the NSAP because no independent survey or exercise was carried out to further identify beneficiaries under the NSAP. MoRD did not provide Chandigarh with any funding for the years 2017–2021. Additionally, no pension was offered by the UT Administration using its finances. Therefore, from 2017 to 2021, the UT of Chandigarh did not adopt the NSAP.

Non-implementation of NSAP in other UTs: While the IGNOAPS was put into effect in Andaman and Nicobar from 2017 to 21, the IGNDPS, NFBS, and IGNWPS were not. Therefore, in UT of Andaman & Nicobar Islands, the qualified recipients were denied access to the benefits of IGNDPS, IGNWPS, and NFBS. Although pensions for elderly, widowed, and crippled pensioners were paid out, the Central funds were not utilised by the UTs of Dadra & Nagar Haveli and Daman & Diu since they failed to implement the NFBS. Since 2010, no central funding has been given to the UT of Dadra and Nagar Haveli under the NSAP. The NSAP pensioners did not receive the Central contribution of pension under NSAP, and the qualified NFBS beneficiaries were denied family benefits.

Non-implementation/deficiencies in the implementation of NFBS: If the only provider of income passes away while the deceased was over the age of 18, but under 60, the family of the bereaved household is entitled to a lump sum payment under NFBS. Different from other NSAP sub-schemes that offer monthly pensions, NFBS is a one-time assistance program. The NFBS was not implemented in every State or UT, and in those that were, not all of the centre's funding was properly disbursed. NFBS was not at all implemented in Lakshadweep and Puducherry.

National Social Assistance Programme in Mizoram

The National Social Assistance Programme in Mizoram began operations on August 15th, 1995. Since the program's establishment, the Directorate of Social Welfare & Tribal Affairs has implemented NSAP. In Mizoram, the Old Age Pension Programme was launched in 1974–1975, with each person receiving Rs.30 if they were below the poverty line. Additionally, just 150 people or beneficiaries were covered by the Old Age Pension Scheme. The NOAPS was changed to IGNOAPS in 2006–2007, which expanded its population coverage. The beneficiaries now receive a monthly stipend ranging from 200 to 500 rupees.

Those who are over 60 and live in poverty are eligible to receive the monthly pension and are entitled to it. Beneficiaries between the ages of 60 and 79 receive Rs.300 per month (Rs.200 from the central government and Rs.100 from the state). The monthly benefit for people over 80 years old is Rs.600 (Rs.500 from the central share and Rs.100 from the state contribution). There are currently 25213 IGNOAPS beneficiaries across Mizoram's 11 districts.

In Mizoram, the National Family Benefit Scheme is one of the NSAP's components. A family that lost their primary source of income due to death may be eligible for this National Family Benefit Scheme. The household must be struggling to make ends meet. A woman might also be seen as the family's breadwinner. On the occasion of the breadwinner's passing, Rs.20000 is paid as a lump sum help to the grieving family.

The Directorate of Social Welfare and Tribal Affairs in Mizoram is currently implementing theIGNWPS. The pension benefit is available to anyone between the ages of 40 and 79 who is living in poverty. The monthly benefit for the beneficiaries is Rs.400 (Rs.300 from the central government and Rs.100 from the state contribution). There are 2310 beneficiaries of the IGNWPS.

The Directorate of Social Welfare and Tribal Affairs is also in charge of the Indira Gandhi National Disability Pension Scheme. Beneficiaries of the IGNDPS are supposed to receive financial aid if they have multiple disabilities that are 80 percent

severe. Ages 18 and up are eligible for the monthly pension amount. Each beneficiary receives a Rs.400 monthly pension (Rs.300 from the central government and Rs.100 from the state). In Mizoram, there are 742 IGNDPS beneficiaries.

Table 3 The consolidated fund of NSAP in Mizoram for 2021-22

Actuals	2019-20	1033.27
Budget Estimates	2020-2021	2414.00
Revised Estimates	2020-2021	2424.31
Major Head of Accounts	Grant in aid	NSAP
Budget Estimates	2021-2022	1332.92

Source: *Annual Financial Statement (Budget) for 2021-2022 published by Government of Mizoram, 2021.*

The above table 3 shows that Actuals for the financial year 2019-2020 is 1033.27 lakh. The Budget estimate for the financial year 2020-2021 is 2414.00 lakh. The Revised estimate for the financial year 2020-2021 is 2424.31 lakh. The budget estimate for the financial year 2021-2022 is 1332.92 lakh. Revised estimates are probable estimates prepared in the year in which budget estimates for the ensuing year are prepared. These estimates help in the projection for next year. For the preparation of these estimates, the first six months of the current financial year form the basis. Revised estimates show how the expenditure is likely to pan out. Whereas Budget estimates represent the government's wishes and ambitions. Finally, Actuals give the real number for how much was extended. Actuals are the numbers that show the real amount extended by the government to the sector concerned.

Table 4 The consolidated fund of NSAP in Mizoram for 2022-2023

Actuals	2020-21	1253.30
Budget Estimates	2021-2022	1332.92
Revised Estimates	2021-2022	1332.92
Major Head of Accounts	Grant in aid	NSAP
Budget Estimates	2022-2023	1332.92

Source: *Annual Financial Statement (Budget) for 2022-2023 published by Government of Mizoram, 2022.*

The above table 4 indicates the consolidated fund of NSAP in Mizoram for 2022-2023. As shown in the table, the actuals for 2020-2021 is 1253.30 lakh. The budget estimate for 2021-2022 is 1332.92 lakh. The revised estimate for 2021-2022 is 1332.92 lakh. The budget estimate for 2022-2023 is 1332.92 lakh.

Table 5 The consolidated fund of NSAP in Mizoram for 2023-2024

Actuals	2021-2022	1253.30
Budget Estimates	2022-2023	1332.92
Revised Estimates	2022-2023	1332.92
Major Head of Accounts	Grant in aid	NSAP
Budget Estimates	2023-2024	1084.92

Source: *Annual Financial Statement (Budget) for 2023-2024 published by Government of Mizoram, 2023.*

The above table 5 also indicates the consolidated fund of NSAP in Mizoram for 2023-2024. As shown in the table, the actuals for 2021-2022 is 1253.30 lakh. The budget estimate for 2022-2023 is 1332.92 lakh. The revised estimate for 2022-2023 is 1332.92 lakh. The budget estimate for 2023-2024 is 1084.92 lakh.

Table 6 Fund allocation during 2015-2016

Name of scheme	No. of Beneficiaries	Financial in lakh
IGNDPS	742	33.39
IGNOAPS	25469	1208.64
IGNWPS	2310	105.11
NFBS	236	59.00

Source: *Mizoram Economic Survey (2015-2016) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above table 6 shows the four schemes under NSAP, the total number of beneficiaries under NSAP, and the amount of money granted to the beneficiaries of each scheme. The total number of beneficiaries of Indira Gandhi National Disability Pension Scheme during 2015-2016 was 742 and 33.39 lakh had been sanctioned for the beneficiaries. Secondly, the total number of the beneficiaries of Indira Gandhi National Old Age Pension Scheme during 2015-2016 was 25469, and 1208.64 lakh had been sanctioned for the scheme.

Thirdly, the total number of Indira Gandhi National Widow Pension Scheme during 2015-2016 was 2310, and 105.11 lakh had been sanctioned for the scheme. Finally, the total number of National Family Benefit Scheme during 2015-2016 was 236, and 59.00 lakh had been sanctioned for the scheme. Because there are more beneficiaries under IGNOAPS, more funds have been allotted to it. IGNDPS has the fewest beneficiaries. Different amounts of money were allotted to these various plans; the more beneficiaries, the greater the fund; conversely, the fewer beneficiaries, the fewer funds.

Table 7 Fund allocation during 2016-2017

Name of scheme	No. of Beneficiaries	Financial in lakh
IGNDPS	742	31.16
IGNOAPS	25469	2235.34
IGNWPS	2310	97.02
NFBS	236	59.00

Source: *Mizoram Economic Survey (2016-2017) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above table 7 indicates that the total number of beneficiaries of Indira Gandhi National Disability Pension Scheme during 2016-2017 was 742 and 31.16 lakh had been sanctioned for the beneficiaries. Secondly, the total number of the beneficiaries of Indira Gandhi National Old Age Pension Scheme during 2016-2017

was 25469, and 2235.34 lakh had been sanctioned for the scheme. Thirdly, the total number of Indira Gandhi National Widow Pension Scheme during 2016-2017 was 2310, and 97.02 lakh had been sanctioned for the scheme. Finally, the total number of National Family Benefit Scheme during 2016-2017 was 236, and 59.00 lakh had been sanctioned for the scheme. As a result, compared to 2015–2016, fewer funds were allotted for IGNDPS and IGNWPS in 2016–2017. There was a 2.23 lakh drop in the IGNDPS fund. Between 2016 and 2017, the IGNWPS fund decreased by 8.09 lakh.

Table 8 Fund allocation during 2018-2019

Name of scheme	No. of Beneficiaries	Financial in lakh
IGNDPS	742	14.42
IGNOAPS	25469	759.66
IGNWPS	2310	69.32
NFBS	197	39.4

Source: *Mizoram Economic Survey (2018-2019) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above table 8 indicates that the total number of beneficiaries of Indira Gandhi National Disability Pension Scheme during 2018-2019 was 742 and 14.42 lakh had been sanctioned for the beneficiaries. Secondly, the total number of the beneficiaries of Indira Gandhi National Old Age Pension Scheme during 2018-2019 was 25469, and 759.66 lakh had been sanctioned for the scheme. Thirdly, the total number of Indira Gandhi National Widow Pension Scheme during 2018-2019 was 2310, and 69.32 lakh had been sanctioned for the scheme. Finally, the total number of National Family Benefit Scheme during 2018-2019 was 197, and 39.4 lakh had been sanctioned for the scheme.

Table 9 Fund allocation during 2019-2020

Name of scheme	Number of Beneficiaries	Financial in Lakh	
IGNDPS	742	14.42	
IGNOAPS	25469	759.66	
IGNWPS	2310	69.32	
NFBS	197	39.40	

Source: *Mizoram Economic Survey (2019-2020) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above table 9 indicates that the total number of beneficiaries of Indira Gandhi National Disability Pension Scheme during 2019-2020 was 742 and 14.42 lakh had been sanctioned for the beneficiaries. Secondly, the total number of the beneficiaries of Indira Gandhi National Old Age Pension Scheme during 2019-2020 was 25469, and 759.66 lakh had been sanctioned for the scheme. Thirdly, the total number of Indira Gandhi National Widow Pension Scheme during 2019-2020 was 2310, and 69.32 lakh had been sanctioned for the scheme. Finally, the total number of National Family Benefit Scheme during 2019-2020 was 197, and 39.40 lakh had been sanctioned for the scheme. Consequently, Table 9 above demonstrates that of all the schemes under NSAP, the funds allotted for IGNOAPS were the largest and the IGNDPS fund was the smallest

Table 10 Number of beneficiaries under NSAP in Mizoram

SI No	Districts	Projects/ DDO	IGNOAPS	IGNWPS	IGNDPS	Total
1	Aizawl	DSWO, East	2253	237	66	8801
		DSWO West	3373	240	79	
		CDPO, Darlawn	831	75	22	
		CDPO Thingsulthliah	771	71	18	
		Aibawl	687	49	26	
		Total	7918	672	210	
2	Lunglei	DSWO, Lunglei	2671	168	63	4243
		DSWO Lungsen	763	85	24	
		CDPO Bunghmun	400	50	19	
		Total	3834	303	106	
3	Champhai	CDPO, Champhai	655	86	14	1527
		CDPO Khawbung	682	67	23	
		Total	1337	153	37	
4	Kolasib	Thingdawl	873	93	34	1584
		Bilkhawthlir	496	73	15	
		Total	1369	166	49	

5	Serchhip	DSWO, Serchhip	898	84	24	1787
		DSWO, East Lungdar	697	79	23	
		Total	1577	163	47	
6	Lawngtlai	CDPO, Lawngtlai	605	68	15	2227
		CDPO, Chawngte	640	31	21	
		CDPO, Bungtlang South	289	29	8	
		Sangau	470	35	16	
		Total	2004	163	60	
7	Mamit	Reiek	700	84	25	2420
		W.Phaileng	623	66	25	
		Zawlnuam	766	100	31	
		Total	2089	250	81	
8	Siaha	Siaha	684	117	22	1423
		Tipa	528	49	23	
		Total	1212	166	45	
9	Saitual	CDPO, Ngopa	708	57	20	2037
		CDPO, Phullen	657	51	20	
		CDPO, Thingsulthliah	479	34	11	
		Total	1844	142	51	
10	Khawzawl	CDPO,	750	59	19	828

		Khawzawl				
		Total	750	59	19	
11	Hnahthial	CDPO, Hnahthial	1278	73	37	1388
		Total	1278	73	37	
		Total	25213	2310	742	

Sources: Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. September 2022 to March 2024.

The above table 10 shows the total number of NSAP beneficiaries in Mizoram and the district-wise list of beneficiaries in Mizoram. Aizawl district is divided into five zones such as DSWO east, DSWO West, CDPO Darlawn, CDPO Thingsulthliah, and Aibawk. The total number of NSAP beneficiaries in Aizawl District is 8801. Secondly, Lunglei district is divided into three zones such as DSWO Lunglei, DSWO Lungen, and CDPO Bunghmun. Lunglei district has 4243 NSAP beneficiaries. Thirdly, Champhai district is divided into two zones such as CDPO Champhai and CDPO Khawbung. Champhai district has 1527 NSAP beneficiaries. Kolasib district is divided into two zones such as Thingdawl and Bilkhawthlir. Kolasib district has 1584 beneficiaries. Serchhip district is divided into two zones such as DSWO Serchhip and DSWO East Lungdar. Serchhip district has 1787 NSAP beneficiaries.

Lawngtlai district is divided into four zones such as CDPO Lawngtlai, CDPO Chawngte, CDPO Bunghmun S, and Sangau. Lawngtlai district has 2227 NSAP beneficiaries. Mamit district is divided into three zones such as Reiek, W. Phaileng, and Zawlnuam. Mamit district has 2420 NSAP beneficiaries. Siaha district is divided into two zones such as Siaha and Tipa. Siaha district has 1423 NSAP beneficiaries. Saitual district is divided into three zones such as CDPO Ngopa, CDPO Phullen, and CDPO Thingsulthliah. Saitual district has 2037 NSAP beneficiaries. Khawzawl district has 828 NSAP beneficiaries and CDPO Khawzawl is undertaking responsibilities for the scheme. Hnahthial district has 1388 NSAP beneficiaries and

CDPO Hnahthial district is undertaking responsibilities for the scheme.

The Indira Gandhi National Old Age Pension Scheme (IGNOAPS)

IGNOAPS provides worthy beneficiaries with an Old Age Pension of Rs. 200 from the Additional Central Assistance at the time and an additional Rs. 100 from the State Government. The NOAPS was renamed the Indira Gandhi National Old Age Pension Scheme in 2006–2007, and the monthly pension amount per beneficiary rose from Rs. 75 to Rs. 200.

1) To qualify for an old age pension, a person must be 65 years of age or older and live in a household that meets the government of India's definition of a poor household.

2) **Application Process:** (a) Applications are available for free at the offices of the relevant District Social Welfare Officer and Child Development Project Officer. (b) Old Age Pension applications must be sent to and delivered to the relevant CDPO.

3) **Application verifications:** Each applicant will be reviewed by the village's recommending body, which may include members of the Village Council, Young Mizo Association, Mizoram Upa Pawl, and Mizoram HmeichheInsuihkhawm Pawl, under the direction of the relevant Child Development Project Officer (CDPO). The DSWO in question will get the list of chosen applicants from the CDPO in question.

4) **Selection of Beneficiaries:** The District Level Committee will choose the Indira Gandhi National Old Age Pension Scheme's beneficiaries.

5) Pension sanctioning is handled by the Deputy Commissioner of each District, who also serves as the Chairman of the District Level Committee for the implementation of the NSAP scheme in Mizoram.

6) **Payment of Pension:** Following Government of India guidelines, all benefit payments must be made through the beneficiary's bank account at a Post Office Savings Bank or another public sector account. To better meet local needs, the payment method has been updated as follows. (a) The CDPOs must deliver cash

benefit payments door to door to all IGNOAPS beneficiaries using paybooks provided by the Social Welfare Department. The Circle Officers and Anganwadi Workers would be used by the CDPOs in this assignment to ensure that the pension money is given to the proper beneficiary.

7) **Amount of Assistance:** Each beneficiary will receive Rs. 200 in Central Assistance under IGNOAPS each month. It is strongly recommended that the State Government contribute at least equal to the pension amount.

8) **Death-related information:** The Village Council and MUP in question are required to notify the CDPO in question as soon as a pensioner passes away. The CDPO will then see to it that payment is immediately terminated. If the widow or widower presents a certificate from the VC/MUP stating that the pensioner, the amount due to the pensioner up until the date of his or her death shall be paid to him or her, as the case may be. Every case of a pensioner's death must be reported by the CDPO concerned to the DSWO involved and, in the case of the Chhimtuipui District, to the Project Director, DRDA.

9) **Commutation:** The pension provided by IGNOAPs is not transferable.

10) **Production of the life certificate:** The CDPO in question must receive the life certificate twice a year. In the State of Mizoram, there are currently 15516 beneficiaries receiving IGNOAP payments, and an additional 8231 beneficiaries are projected to get pension benefits. There were 23747 beneficiaries in total who received pension benefits between 2009 and 2010.

National Family Benefit Scheme

1) **Requirement for receiving aid:** If the major breadwinner of the bereaved family dies, the Family Benefit will be accessible as a lump sum family benefit for households living below the poverty line under the following conditions: (a) The household member, whether male or female, whose income makes up the majority of the overall household income is the principal breadwinner. (b) Such a primary breadwinner's death must have taken place while they were between the ages of 18

and 64, or older than 18 but younger than 60. (c) The bereaved household meets the government of Mizoram's criteria for being considered a household below the poverty level.

2) **Application process:** (a) Application forms are available for free at the offices of the relevant District Social Welfare Officers or CDPOs. (b) The application must be addressed to and delivered to the relevant CDPO.

The recommending body at the village level, such as the VC members/President of MHIP members, Anganwadi Workers, and Health Workers, shall screen all applications and, after strictly adhering to the concerned shall submit a list of selected applicants to the District Social Welfare Officer concerned.

3) **Beneficiary selection:** The District Level Committee will choose the beneficiaries.

4) The sanctioning authority for assistance is the Deputy Commissioner of each District who also serves as the Chairman of the District Level Committee for Information on the NSAP in Mizoram.

5) **Amount of assistance:** In the event of death due to an accident or other natural cause, the total amount of family benefits cannot exceed Rs. 20,000 (ten thousand).

6) **Withholding or stopping assistance:** The sanctioning authority has the power to withhold or recoup payments provided in reliance on inaccurate or incomplete information about eligibility, among other things.

7) **Information on address changes:** The chosen applicant/beneficiary must notify the relevant Child Development Project Officer as soon as their address changes.

Indira Gandhi National Widow Pension Scheme

The "Indira Gandhi National Widow Pension Scheme" (IGNWPS) is the name of the program. It started operating in February 2009 in Mizoram.

1) **Beneficiary Eligibility Requirements:** The following criteria must be met to

claim central assistance: a) The widow must be between the ages of 40 and 79. b) The applicant must fit the government of India's definition of a household that is below the poverty level.

2) **Pension amount:** The monthly central support amount under the IGNWPS will be Rs. 300 per beneficiary. The State Governments are urged to make a minimum equal contribution to the pension amount.

4) **A specific requirement for pension sanction:** Pension sanction for a beneficiary must only be granted following the publication of the beneficiary database on the Ministry/State's website or in the public domain.

5) **Payment Method:** The beneficiary's post office or public sector bank account will be credited with the pension.

6) **Beneficiary identification:** The Gram Panchayat/Municipalities are expected to actively participate in the scheme's beneficiary identification. The States/UTs must provide proof that every eligible widow has received IGNWPS coverage.

7) **Number of eligible beneficiaries under IGNWPS:** Based on the field report of all eligible beneficiaries who meet the eligibility requirements, the number of eligible beneficiaries to receive assistance under IGNWPS will be determined.

8) **Pension discontinuation:** Pension will be halted in the following circumstances: a) In the event of remarriage. b) When the widows rise out of poverty. Following this programme, the State Government of India received 1192 beneficiary numbers, and the selection of recipients has begun. It will soon be put into practice.

There are responsible functionaries for Persons with disabilities in India which are functioning under the Ministry of Social Justice & Empowerment, Government of India. The Ministry is responsible for taking care of the marginalized section of society such as older persons, persons with disabilities, scheduled castes, other backward classes, etc. The agencies responsible for implementing the scheme for the welfare of persons with disabilities in India are the following;

a) **Office of Chief Commissioner for Persons with Disabilities-** The office of Chief Commissioner for Persons with Disabilities is working under the Department of Empowerment of Persons with Disabilities which is under the supervision of the Ministry of Social Justice and Empowerment, Government of India. It was established as per section 57 of The Persons with disabilities act 1995. The office is entrusted to take necessary action to protect the rights of persons with disabilities. After the Persons with disabilities act 1995 was replaced by the Rights of Persons with disabilities act 2016, there can be one Chief Commissioner and two commissioners to assist and help the Chief Commissioner of Persons with disabilities.

The Chief Commissioner can identify any programs and procedures that are inconsistent with the RPwD Act, 2016, and can recommend and suggest corrective steps. The Chief Commissioner can help researchers who are working in the field of the rights of persons with disabilities. The Chief Commissioner can promote awareness programs for the rights of persons with disabilities and has the power to monitor the implementation of the rights of persons with disabilities and the utilization of the funds disbursed for the welfare of persons with disabilities in India.

b) **The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities-** The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act 1999 set up National Trust to promote the welfare of persons with disabilities and empower them to live with freedom, dignity, equal rights and opportunities. The National Trust works to provide an inclusive society and friendly environment for persons with disabilities. The main objectives of the National Trust are- to make Persons with Disabilities live independently in society and to provide them with equal rights and opportunities in society.

c) **Deendayal Upadhyaya Institute for the Physically Handicapped-** This institute provides rehabilitation services for children and persons with disabilities. Mr. Shri Nirankar Swaroop started this institution as a non -non-governmental

organization to cater to the needs of persons with disabilities. This institute works in undertaking and sponsoring research for developing various assistive devices for the education and rehabilitation of persons with disabilities. The Institution closely works with other agencies such as the agencies at the state level, local level, and national levels to develop research for producing some development services for persons with disabilities.

d) National Institute for the Empowerment of Persons with Intellectual Disability (NIEPID)- This Institute is a part of the Ministry of Social Justice and Empowerment and the autonomous body under the ministry. It works for the welfare of persons with Intellectual disabilities or mentally handicapped. NIEPID was formerly known as the National Institute of Mentally Handicapped (NIMH). It was built in Secunderabad in Hyderabad functioning in the year of 1985. It provided educational degrees in the field of disability rehabilitation and organized workshops on autism in collaboration with the United States and it organized a training program for parents who have persons with disabilities.

e) National Institute for the Empowerment of Persons with Visual Disabilities- NIEPD is a centre for persons with visual disabilities. This National Institute comes under the direction of the Department of Empowerment of Persons with Disabilities and it is currently located in Dehradun. It carries out research for the development of Government policies and programs for persons with visual disabilities. NIVH aims to conduct research in collaboration with universities and other NGOs and sponsor various institutions that carry out research in the field of persons with visual disabilities to develop the facilities, appliances, and instruments for persons with visual disabilities. It organized a training program with the presence of Psychologists, researchers, and Teachers to develop the aspect of education, and rehabilitation of visually handicapped.

f) The National Institute for Empowerment of Persons with Multiple Disabilities- NIEPMD was established in 2005 in Chennai, Tamil Nadu for persons with multiple disabilities in India. NIEPMD is responsible for undertaking human resource development in areas such as inter-disciplinary, transdisciplinary, and

multidisciplinary organizing various programs such as educational training, vocational training, employment, social activities, cultural programs, etc for the empowerment of persons with multiple disabilities. This Institute is responsible for conducting and sponsoring research and researchers working in the field of research for the empowerment of persons with multiple disabilities. NIEPMD is responsible for conducting a training program for trainers in the areas of community rehabilitation, project management, early intervention, early childhood education, special education, etc.

g) Family of Disabled- It was launched in 1992 by Rajinder Johar. Family of Disabled provides a platform and opportunities to Persons with Disabilities assisting them to be economically independent. Creating awareness and sensitizing information to the public or masses about the aspects of various disabilities is an important function of the Family of Disabled. Family of Disabled provides quality education to persons with disabilities and helps them to showcase their talent.

h) Vision for Health Welfare and Special Needs (VISHWAS)- Vishwas provides equitable and inclusive schools for children with or without disabilities. Vishwas has taken up the initiative in research and training programmes enhancing operational learning by bridging the gap between intent and practice for the inclusion of persons with disabilities. It provides a skill development and training programme supporting youth adults and adults with disabilities with skill development and life skills opportunities. It has a community-based programme facilitating communities to provide a barrier-free and inclusive environment for persons with disabilities.

Some of the Pension schemes launched by the Government of India are as follows:

The Viklang Pension Yojana, or Handicap Pension Yojana

The Viklang Pension Yojana, or Handicap Pension Yojana is a government initiative designed to provide financial support to individuals with disabilities. This scheme is part of a broader effort to empower and assist disabled persons, ensuring they live dignified and independent lives despite their challenges. The scheme is open to individuals with a disability certification of at least 40 percent and whose income falls below the poverty threshold. Applications can be made online via state-specific portals, using the Viklang Pension online form. The scheme provides a monthly pension that assists with everyday living and medical costs, ensuring recipients lead more comfortable and dignified lives. By understanding and utilising the Viklang Pension Yojana, eligible individuals can access significant support, underscoring the government's commitment to the welfare of its disabled citizens.

Subsistence Allowance/Financial Allowance to persons with special needs

This scheme is also called the **state disability pension scheme**. Delhi Social Welfare Department is implementing disability pension which is the fusion of State as well as Central Government contributions. The scheme is known as Subsistence Allowance/Financial Allowance to persons with special needs. The grant is Rs 2500/- per month.

Disability Pension (Fund source - Govt. of Mizoram):

Pension is given to 200 handicapped persons in Mizoram who are totally blind and bedridden @ Rs. 350/- per month.

Deen Dayal Divyangjan Pension Scheme – Assam

The Social Welfare Department, Assam has been taking various welfare schemes for Persons with Disabilities (PwDs) to empower them so that they could cope with in various fields with their unique abilities. As such, the "Deen Dayal

Divyangjan Pension Scheme" has been undertaken during 2018-19 which has been considered to be one of the most beneficial schemes under the Social Welfare Department, Assam.

Final Amendment of Rule 15 of the RPwD Rules 2017

In addition to Harmonised Guidelines and Space Standards for Universal Accessibility in India-2021 and Accessibility for the ICT products and services (Part I & II) 03 sector-specific accessibility guidelines prepared by concerned Ministries/Departments namely Ministry of Culture, Department of Sports and Ministry of Civil Aviation are now amended in the Right of Persons with Disabilities (Amendment) Rules, 2023.

The Ministry of Social Justice and Empowerment has published notification of the **Rights of Persons with Disabilities (Amendment) Rules, 2024**. In the Rights of Persons with Disabilities Rules, 2017, in rule 15, in sub-rule (1), after clause (m), the following clause shall be inserted, namely: (n) Accessibility Code for Educational Institutions as specified, in the notification of the Department of School Education and Literacy, Ministry of Education, Government of India vide notification number F. No. 9-4/2022-IS.18 dated 10th January 2024

Overview

Even if there are proper guidelines issued by the nodal agency, it is important to ensure that the functionaries are working effectively or functioning properly catering to the needs of the beneficiaries. The NSAP is one of the largest social welfare programs in the world and the administrative functionaries must ensure that the scheme covers the persons with disabilities who are eligible to get the pension benefit. It is also necessary to ensure that the state government must make sure that the pension is paid out conveniently.

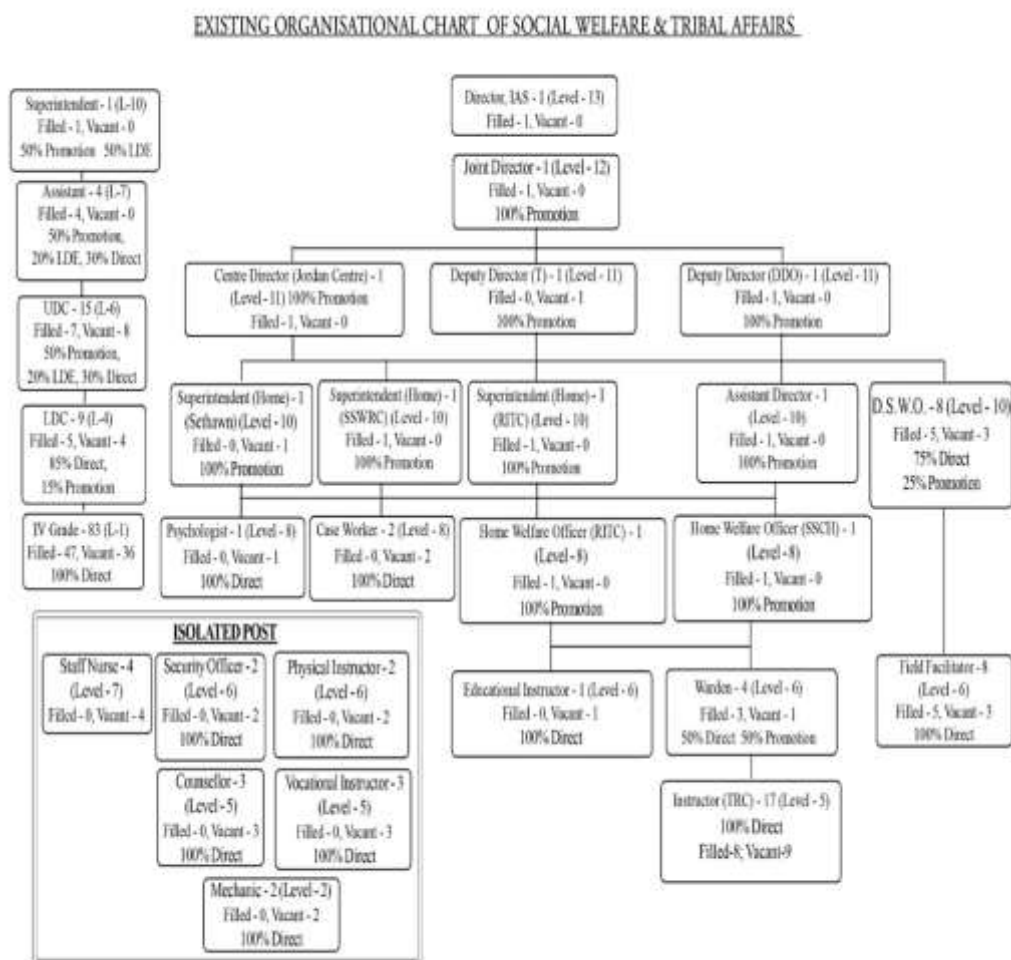
Chapter - III

ADMINISTRATIVE SETUP AND WORKING OF DIRECTORATE OF SOCIAL WELFARE & TRIBAL AFFAIRS, GOVERNMENT OF MIZORAM

The third chapter deals with the history of the Social Welfare Department which was set up as a separate division within the Education Department between 1973 and 1974, the responsible functionaries or agencies such as the Mizoram Social Defence & Rehabilitation Board, The Jordan Centre at Sethawn, the Disability Pension, the Eklavya Model Residential School (EMRS), National Social Assistance Programme and Deendayal Disability Rehabilitation Scheme (DDRS) etc.

In Mizoram, the Social Welfare Department was set up as a separate division within the Education Department between 1973 and 1974. One State Social Welfare Officer, one District Social Welfare Officer, and a small staff were the responsible officials. The Department was thereafter elevated to the rank of Directorate in 1980. The Social Welfare Department expanded and was split into two directorates: Women & Child Development and Social Welfare & Tribal Affairs. Additionally, each of these two Directorates has its own office and staff. In the Chaltlang locality of Aizawl, Mizoram, the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram is now operational with 10 subordinates and 207 employees. Many regular employees are working for the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, ranging from Directors to IV Grades. The Directorate's staff positions are organised hierarchically.

Table 11 Structure of DSW&TA, Government of Mizoram



Source: Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during September 2022 to March 2024.

The above table 11 indicates the organizational chart DSW&TA, Government of Mizoram from the top to the lower. The table indicates that there are 94 workers under DSW&TA, Government of Mizoram. The DSW&TA is closely working with the Directorate of Women & Child Development, Government of Mizoram. Child Development Project Officers are under the supervision of DSW&CD and these officers are working with DSW&TA, Government of Mizoram in implementing National Social Assistance Programmes such as IGNDPS, IGNOAPS, and IGNWPS. The DSW&TA is supervising the activities of CDPO in every district who are

working for the proper implementation of NSAP. The Anganwadi Workers are also taking part in the implementation process of NSAP. Hence, DSW&TA and DW&CD are the responsible functionaries for the implementation of NSAP in Mizoram.

Table 12 Organisations under DSW& TA, Government of Mizoram

Subordinate Offices
District Social Welfare Office, Aizawl East
District Social Welfare Office, Aizawl West
District Social Welfare Office, Lunglei
District Social Welfare Office, Siaha
Jordan Centre, Sethawn
Residential Institute & Training Centre for Tribal Youth (RITC)
State Old Age Home, Aizawl
Training Centre for Specially-Abled Persons (Male & Female)- Aizawl &Lunglei
Mizoram Social Defence & Rehabilitation Board, Aizawl

Source: *Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during September 2022 to March 2024.*

The above table 12 shows that there are centres, offices, homes, and boards established by DSW&TA, Government of Mizoram to undertake specific role and the functions assigned to them. All these organisations are supervised and controlled by DSW&TA for their proper functioning. Improved living conditions and work for the welfare of Tribes in the State of Mizoram are the primary goals of the Directorate of Social Welfare & Tribal Affairs. The Directorate is making great efforts to support and uplift elderly people, women, children, and people with disabilities. Its

objectives include helping those who are poor, enhancing rural infrastructure, and providing social security. The Directorate's staff members are expected to follow the directives, principles, and laws that the Directorate has established. One noteworthy project is that the Directorate collaborates on numerous levels with non-governmental organisations including YMA, MHIP, MUP, and various coordination committees.

The Aizawl East and Aizawl West District Social Welfare Officers of the Directorate of Social Welfare & Tribal Affairs work to improve the living conditions of tribal people, the elderly, those with disabilities, and drug addicts. The aims and targets of DSWO East and DSWO West are as follows:-

- a) To contribute to the welfare and development of the state's indigenous people
- b) To promote the independence and welfare of the disabled
- c) To help and take care of the state's senior population, especially the less fortunate. The provision of support, treatment, and rehabilitation services to people who have already fallen victim to addiction while working to prevent substance usage in the State.
- d) To aid NGOs promoting the well-being of tribal people, the disabled, the elderly, and drug users in the State.

Mizoram Social Defence & Rehabilitation Board

The Directorate of Social Welfare & Tribal Affairs formed the Mizoram Social Defence & Rehabilitation Board. It was founded on April 17, 1999. And it had one crore when it first started. The Mizoram Social Defence & Rehabilitation Board's primary responsibilities are as follows:-

- a) To adopt the appropriate measures and actions for the Mizoram region's prevention, rehabilitation, and treatment of drug and alcohol abuse.

- b) To develop significant institutions and treatment facilities for alcoholism, drug addiction, and prevention
- c) To support and aid non-governmental organisations in taking the required steps for the treatment, rehabilitation, and prevention of drug users and alcoholics.
- d) To keep an eye on and assess the performance of non-governmental organisations that seek to stop drug abuse and alcoholism and to provide rehabilitation and treatment.
- e) To conduct training and work on research for the Board's success.

Residential Institute and Training Centre for Tribal Youth

For the year 2020, the Residential Institute and Training Centre for Tribal Youth is offered by the Directorate of Social Welfare & Tribal Affairs. The goal is the socio-economic liberation of tribal women in challenging situations. The goal is to provide disadvantaged women with the necessary skills for independent living and to equip disadvantaged tribal women with the ability to compete in the employment market.

The Jordan Centre at Sethawn

The Jordan Centre at Sethawn, operated by the Directorate of Social Welfare & Tribal Affairs, is located inside the District Jail in Armed Veng, Aizawl, Mizoram. When it was first founded on March 30, 1990, it was named as the De-Addiction-cum-Rehabilitation Centre and was a part of the Government of Mizoram's Health & Family Welfare Department. The Jordan Centre is designed to offer specialized treatment to those who have fallen prey to drug and alcohol abuse. The centre was transferred from the Health & Family Welfare Department to the Social Welfare Department. The Jordan Centre is now under the control of the Directorate of Social Welfare & Tribal Affairs, which was formerly known as the Department. Due to space restrictions, The Jordan Centre could only accommodate 150 guests (male and female). During the 2019–2020 fiscal year, Rs 920.27 lakhs were given for the Jordan Center's upgrade. For the Jordan Center's upgrade, the Ministry of Social

Justice & Empowerment has granted Rs 773.16. Directorate of Social Welfare & Tribal Affairs, Government of Mizoram is currently working on several programmes and schemes. The Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, is implementing the following programmes under the Ministries of Tribal Affairs, Social Justice & Empowerment, and Rural Development, Government of India.

Table 13 The schemes and programmes which were transferred to DSW&TA by the Ministry of Tribal Affairs, Government of India.

Ministry of Tribals Affairs	Schemes
	Eklavya Model Residential Schools (EMRS)
	Support To Tribal Research Institute (TRI)
	Livelihood Support
	Grant in Aid to VOs/NGOs
	Special Centre Assistance to Tribal Sub-Schemes
	Article 275 (1) of The Constitution of India
	Vocational Training Course
	Scheme of Grant in Aid to Voluntary Organisation
	Scholarship

Source: *Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during September 2022 to March 2024.*

Eklavya Model Residential School (EMRS)

By creating Eklavya Model Residential School (EMRS), the Directorate of Social Welfare & Tribal Affairs has played a crucial role in advancing children's education. EMRSs were established in several rural locations of Mizoram so that the tribal youth or children may receive a high-quality education that would have a significant impact on their future. The Central Board of School Education is associated with EMRS. It is a programme that receives only central sponsorship and support. EMRS covers classes VI through XII.

Tribal Research Institutes (TRI)

Tribal Research Institutes (TRI) are being built in Kelsih village, Aizawl District, Mizoram. The Directorate of Social Welfare & Tribal Affairs aimed to promote TRI. The funding distribution for Support to Tribal Research Institute is displayed in the table below.

Table 14 The funding distribution for Support to Tribal Research Institute

Year	Amount (in lakh)	Utilisation (Amount in Lakh)	Transfer (Amount in Lakh)	Balance (Amount in Lakh)
2018-19	564.364	416.084		148.28
2019-20	1512.00	731.00	99.00	682.00

Source: Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during September 2022 to March 2024.

Vocational Training Centres

To train tribal youth in occupations like tailoring, shoemaking, cane and bamboo works, fiber works, etc., the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram has established three vocational training centres in

Serchhip, Kolasib, and Lunglei. 100 participants attend each training facility. In each trade, there are 20 trainees. Two additional vocational training facilities at Champhai and Saiha have been approved by the Ministry of Tribal Affairs, Government of India. These two centres offer the following trades: bamboo and wood works, handloom and weaving, electrician two-wheeler repair and tyre repair/painting. The names of the trades offered at the vocational training institutes are as follows: clothing manufacturing, beauty and wellness, hotel management/hospitality, information communication technology (ICT), automobile, plumbing, electronics, and electrical.

Special Centre Assistance to Tribal Sub-schemes

The Ministry of Tribal Affairs, Government of India has provided funding for tribal sub-schemes known as Special Centre Assistance to Tribal Sub-schemes. The plan's method of financing:

Table 15 Special Centre Assistance to Tribal Sub Schemes

Year	Amount (In lakh)	Utilization (Amount in Lakh)	Transfer (Amount in Lakh)	Balance (Amount in Lakh)
2018-19	1220.00		475.00	745.00
2019-20	3140.00	933.72	135.00	2071.28

Source: Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during September 2022 to March 2024.

Grants in Aid to Civil Society Organisations

Civil Society Organisations are working for the elderly, women, children, people with disabilities, and other segments of society. With the Directorate of Social Welfare & Tribal Affairs, they are closely collaborating. To support and grant Grants in Aid to Civil Society Organisations in Mizoram, the Ministry of Tribal Affairs,

Government of India, has done so. Grants in Aid are funded in the following ways:

In numerous parts of Mizoram, the Directorate of Social Welfare & Tribal Affairs has built various offices. The Directorate has taken the appropriate steps following Article 275 (1) of the Indian Constitution. Upgrading the EMRS in Pukpui, Lunglei, building the ICDS office in Siaha, Bungtlang South, building the ICDS go down in Khawbung, Champhai District, building the approach road for the old age home at the government complex, building the multipurpose hall in Sakawrtuichhun, Aizawl, building the nutrition go down in Aibawk, building the Government Middle School in Chhinga Veng, Aizawl.

Table 16 The schemes and programmes which were transferred to DSW&TA by the Ministry of Rural Development, Government of India.

Ministry of Rural Development	National Social Assistance Programme	IGNOAPS
		IGNWPS
		IGNDPS
		NFBS

Source: Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during September 2022 to March 2024.

The above table 16 indicates that to carry out the NSAP, the Directorate acts as both the Central Government and State Government's agent. The Government of India's Centrally Sponsored Scheme is known as NSAP. The Ministry of Rural Development, Government of India currently oversees its administration. The Directorate has been carrying out the policies and programmes of the three significant Ministries of the Government of India in addition to the plans and initiatives under the control of the State Government of Mizoram.

Table 17 The schemes and programmes which were transferred to DSW&TA by the Ministry of Social Justice & Empowerment, Government of India.

Ministry of Social Justice & Empowerment	
Scheme of Grant in Aid to Voluntary Organisation	
Scheme for Implementation of Rights of Persons with Disabilities Act, 2016 (SIPDA)	
Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP Scheme)	
Deen Dayal Disabled Rehabilitation Scheme (DDRS)	Accessible India Campaign (AIC)
	Unique Disability ID (UDID)
District Disability Rehabilitation Centres (DDRCs)	
Braille Press Scheme	
State Action Plan for Senior Citizens	
Scheme for Assistance of Prevention of Alcoholism and Substance (DRUGS) Abuse	

Source: Data Collected from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram during September 2022 to March 2024.

The above table 17 indicates that programmes and schemes of the Ministry of Social Justice & Empowerment were carried out through the Directorate of Social Welfare and Tribal Affairs. The development, social justice, promotion, and welfare of the disadvantaged are the responsibility of the Ministry of Social Justice & Empowerment. The Ministry is implementing welfare-related policies, programmes, laws, and institutions to include the aforementioned groups of people in the mainstream of development.

The Training Centre for Specially-Abled Persons

The Training Centre for Specially-Abled Persons, part of the Directorate of Social Welfare & Tribal Affairs, offers training to people with exceptional abilities. shoemaking and tailoring for male learners as well as tailoring for female trainees. During the training duration, the students receive a monthly stipend of Rs. 250. After completing the training programmes, the learners are given instruments like hand sewing machines, treadle sewing machines, and cobblers.

Unique Disability Identity Card

The Directorate of Social Welfare and Tribal Affairs played a significant role in raising awareness of the Unique Disability Identity Card, which may be obtained from any district hospital, among the general public and people with disabilities. People with disabilities who have a unique identity card are eligible to participate in various government initiatives. The provision of social services and plans for people with disabilities is crucially facilitated by the Directorate of Social Welfare and Tribal Affairs. It offered the Indira Gandhi National Disability Pension Scheme for those with disabilities who fall under the BPL category or live in poverty.

State Disability Pension

Disability Pension was made available by the Directorate of Social Welfare & Tribal Affairs with financing from the Mizoram State Government. The beneficiaries of State Disability Pension receive Rs 350 per month. Pension is given to 200 handicapped persons who are blind and bedridden.

Special Loans

People with disabilities were given special loans by the Directorate of Social Welfare & Tribal Affairs for the recipients to use the money to begin their careers and occupations. National Handicapped Castes Finance & Development Corporation (NHFDS) Loan Scheme is the name of the programme.

Economic Rehabilitation

Through a crucial scheme, the Directorate of Social Welfare & Tribal Affairs allowed people with disabilities to choose from a variety of trades like poultry, petty business, etc. Shoe-making and sewing machines are given to the beneficiaries. The socioeconomic condition of people with disabilities was greatly improved by this scheme. The programme is referred to as Economic Rehabilitation.

Writer/Scribe Allowance

Exams can be written in the test room by a representative hired by disabled students. The Directorate of Social Welfare & Tribal Affairs will cover the cost of hiring a representative. This crucial programme is called Writer/Scribe Allowance.

Handicapped Students Stipend benefit

Students with disabilities who enrol in a public, private, or special school are eligible to receive the Handicapped Students Stipend benefit. So that paying for their school expenses won't be a hardship for their family. Class I through Class XII are covered by the stipend for disabled students. The pattern is as follows:- a) Rs. 800 per head each year, up to Class IV. b) Rs. 1000 per person every year for classes V–VII. c) Class VIII–XII: Rs. 2500 per person, per annum.

Unemployment stipend

Disability-related individuals who registered at the employment exchange office are eligible for a Rs 7800 unemployment stipend. The Directorate of Social Welfare & Tribal Affairs administers the programme.

The Specially-Abled Persons Training

The Specially-Abled Persons Training Centre was developed in Chaltlang (Aizawl) and Lunglei to give the necessary training for people with disabilities to be employable and obtain permanent job and employment. During the training duration, the trainees receive a stipend of Rs. 8400. After the training session is

through, they are given a few necessary machines. The Directorate of Social Welfare & Tribal Affairs was in charge of this training facility.

Job Reservation for PwDs

People with impairments are eligible for a 4 percent job reservation in government positions. The scheduled tribes that include people with disabilities benefit from a modification of the age requirement for applying for government jobs. The age relaxation for those with disabilities is 35 + 15 years.

Assessment & Certification Camps

In Mizoram, the Directorate of Social Welfare & Tribal Affairs has been instrumental in the evaluation and certification of PWDs. The Directorate of Social Welfare & Tribal Affairs and the Health & Family Welfare Department worked together to organise these assessment and certification camps. The camps are held to evaluate the living circumstances, socioeconomic standing, and state of health of people with disabilities in Mizoram.

It is carried out to make sure that all vulnerable disabled people have the right to take advantage of government services and schemes. Using aids and gadgets like wheelchairs, crutches, and hearing aids, people with disabilities can live happy lives. Thus, the Directorate's free aids and appliances are only available to people who have been evaluated and certified. Therefore, assessment and certification camps are required to evaluate and certify those who have not yet been evaluated and certified, particularly those living in rural areas.

Old Age Home

Senior citizen welfare in the state has been a priority for the Directorate of Social Welfare & Tribal Affairs. The Department established an Old Age Home for State Senior Citizens in Aizawl in 1989 in addition to the Indira Gandhi Old Age Pension Scheme. This home is for elderly state residents who are homeless. People living in poverty who have no family or friends or permanent citizens of Mizoram are eligible to live in an old age facility. The old age home offers amenities and

programmes for elderly residents. The State Old Age Home, which has a 25-inmate capacity, is situated in Luangmual, Aizawl, Mizoram.

The Government of Mizoram's Directorate of Social Welfare & Tribal Affairs accepts applications for admission on plain paper. Caretakers and other support employees are employed. The caretaker makes all decisions after receiving the proper consent from the Director of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. The current Old Age Home is staffed by one caretaker, one staff nurse, one warden, one driver, and five IV graders, according to the Directorate's electronic book. The offenders have access to a Television with a cable connection, a tape recorder, a radio, a carrom board, a draught board, a Chinese checkerboard, and numerous books, among other things.

Senior Citizen ID

Senior citizen identity cards, which are given out to seniors, are also known as identification cards. The Social Welfare & Tribal Affairs office in Chaltlang accepts applications for this ID card from those over 60 during office hours. Holders of ID cards can travel on planes, trains, and on public transportation for less money. Seniors who possess a Senior Citizen ID card are eligible for several programmes and schemes run by the governments of India and Mizoram. A passport-size photocopy and one copy of the Aadhar must be submitted by applicants.

An umbrella scheme for senior citizens

According to the Supreme Court's order in the Gaurav Bansal Case, all states and union territories are required to establish rehabilitation facilities for people who have been treated for mental illness. The State Senior Citizens Home's old building at the Government Complex in Aizawl is where the Mizoram government is setting up a rehabilitation home for elderly people. The old State Senior Citizens Home building is being renovated by the State Government of Mizoram, and work on the renovation is already in progress. An umbrella scheme for senior citizens is the name of the program.

Residential Institute & Training Centre for Indigenous Youth (RITC)

In 1984, the Residential Institute & Training Centre for Indigenous Youth (RITC) was founded to promote Indigenous women's careers in tailoring. The institution's previous name was Home for Women in Distress. However, the Institute is now available to tribal men and women, and between 1984 and 2020, 916 (tribals) graduated from RITC.

The Rights of Persons with Disability Act 2016

The Rights of Persons with Disability Act 2016 has been well-protected by the Directorate of Social Welfare & Tribal Affairs. From 2010 to 2018, handicapped-accessible restrooms, ramps, handrails, and lifts were added to the chosen government buildings. The DSW&TA recently provided a list of 10 government agencies that would be made accessible to people with disabilities.

Deendayal Disability Rehabilitation Scheme (DDRS)

Deendayal Disability Rehabilitation Scheme (DDRS) is a central programme that provides Grants-in-Aid to Non-Governmental Organisations that promote the rights of people with disabilities. NGOs can submit applications online at grants-make-gov.in. Under the direction of the Directorate of Social Welfare & Tribal Affairs, the Spastic Society of Mizoram and the Samaritan Association for the Blind are actively implementing the programme. The Mizoram-based Spastic Society has worked to establish a residential special school, a vocational training facility, and early childhood intervention programmes. The Special School for the Blind has received support from the Samaritan Association for the Blind.

The District Disability Rehabilitation Centres (DDRCs)

The District Disability Rehabilitation Centres (DDRCs) programme enables people with impairments to be eligible for several government programmes. The centre's responsibility is to carry out surveys to identify people with disabilities. The centre is actively raising awareness for the early detection and treatment of impairments. Some of the crucial services provided by the Centres include early

intervention, physiotherapy, occupational therapy, speech therapy, assessment of the need for appropriate devices for people with disabilities, promotion of education, vocational training, providing loans, and aiding people with disabilities in obtaining UDIDs.

State Social Welfare & Rehabilitation Centre

The Social Welfare Department founded the State Social Welfare & Rehabilitation Centre in 1990. The facility was once known as the Reception Center/Protective Home. It was constructed in Chanmari, Aizawl, Mizoram. The facility was designed for female drug and alcohol addicts. 877 women have received care in the centre to date. Oil India Limited (OIL) and the Directorate of Social Welfare & Tribal Affairs collaborate frequently. OIL approved Rs 11 lakhs in March 2020 for the centre's improvement and development. The OIL recently gave the centre desktop and laptop computers, xerox equipment, tools and accessories, a laminating machine, and spiral binding.

The Mizoram Social Defence & Rehabilitation Board (MSD & RB)

The Mizoram Social Defence & Rehabilitation Board (MSD & RB) was founded in 1999 to support the community and Mizoram's drug and alcohol abusers. It is presently under the direction of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. There have been awareness-raising campaigns among the youth of the churches and society, as well as among parents and teachers, in schools, colleges, and universities.

In Champhai Village and Thingsulthliah Village, MSD&RD is taking the required action. Programmes including abscess management and medication detoxification, Individual counselling, group therapy, sermon-based spiritual therapy, gospel camping, and spiritual counselling are all forms of psychotherapy. Work therapy, such as vocational rehabilitation Relapse prevention and management, family therapy, family meetings, Exercise and recreational activities are used in physical therapy.

The State Level Coordinating Agency (SLCA)

The State Level Coordinating Agency (SLCA), a division of MSD&RB, played a crucial role in educating and training NGOs, churches, and others who work with drug and alcohol abusers. To carry out proper awareness campaigns, MSD&RB used to go to 40 Deaddiction cum Rehabilitation Centres, as well as go to schools and churches. Several capacity-building programmes have been implemented. Additionally, the capacity-building project was utilised 14 times by the police, excise and narcotics, health and family services, prison, home guards, and NGOs.

Link Worker Scheme

To protect people from the Human Immuno Deficiency Virus (HIV)/ Acquired Immuno Deficiency Syndrome (AIDS), the Link Worker Scheme was put into place. By putting this programme into place, the MSD&RB offered ICTC/ART counselling. The Ministry of Health & Family Welfare, Government of India, provided financial support for the Link Worker Scheme, which was put into action in the Champhai and Serchhip District.

The Outreach & Drop-In Centre (ODIC) scheme

The Outreach & Drop-In Centre (ODIC) scheme is being implemented in the Aizawl & Champhai districts of Mizoram. This programme is designed to offer drug addicts and patients counselling. The ICTC/ART Centre and the Deaddiction-cum-Rehabilitation Centre are where this programme is implemented.

Prison Intervention Programme

MSD&RB implemented a prison intervention programme for drug treatment and post-release monitoring in Central Jail, Aizawl. The programme is designed to give drug addicts who have already been released from prison care. In addition, the prisoners receive instruction and medication.

National Creche Scheme

Children under the age of seven are served by the National Creche Scheme at the State Social Welfare & Rehabilitation Centre. Children are given a cosy space to play with educational toys. They also receive moral instruction. Children are cared for and taught by creche employees and assistants. The kids are given nutritious meals like chow, biscuits, fruits, and liquids.

Ujjawala Programme

The State Social Welfare & Rehabilitation Centre is currently implementing the Ujjawala programme to protect victims of human trafficking from these practices and to prevent it from happening in the future. The Ministry of Women & Child Development is in-charge of carrying out the programme centrally. They offer care and counselling to those who are the victims of human trafficking. The Ujjawala Centre is utilised to care for victims of human trafficking, and it provides them with appropriate direction, preventative measures, and awareness. The staff at the centre offered a welcome package and psychosocial counselling. Additionally, they must undergo a medical examination and a house inspection.

Swadhar-Greh Scheme

The SSW & RC complex has been using the Swadhar-Greh Scheme since 2009. The plan is to help abandoned women without families by offering them shelter, education, grants in aid, discipleship training, and job training. Training programmes for trades like tailoring, weaving, knitting, bag making, and needlework, as well as programmes for pigs, chickens, computers, and beauty therapists.

The present chapter also highlighted the organisational structure of the Office of the Commissioner, Persons with Disabilities, Government of Mizoram. The organisational structure of the office and the activities carried out by the office to create an awareness programme were covered in the study. In addition, the research looked at the role and functions of the Office of the Commissioner, Persons with Disabilities, Government of Mizoram in the implementation of the Rights of Persons

with Disabilities Act, 2016. A critical examination of the RPwD Act 2016 was included, along with the act's primary components and main provisions. The study revealed the issues and challenges that the office encountered during the implementation of the RPwD Act 2016. Finally, the study provided recommendations and solutions for the Office of the Commissioner, Persons with Disabilities, Government of Mizoram for better and more effective implementation of the RPwD Act 2016.

The office (OCPD) was established on June 1st, 2012, to oversee the proper and effective implementation of the RPwD Act 2016 in Mizoram. The RPwD Act was modelled after the UN Convention on the Rights of Persons with Disabilities. On December 13th, 2006, the United Nations General Assembly adopted policies for people with disabilities. India was one of the signatories to the UN General Assembly-framed policies, which were re-approved on October 1st, 2007. On the 67th anniversary of India's Republic Day, the Indian parliament passed this act because it is critical for people with disabilities.

Based on this, state governments in India are given the authority to establish the Office of the State Commissioner for Persons with Disabilities and appoint a State Commissioner who is well-versed in the needs of people with disabilities. Furthermore, state governments are authorised not only to appoint a State Commissioner but also to establish an office, officer, and staff to handle disability-related issues. The State Government will determine the salary and other terms. All officials appointed to the office should collaborate with the State Commissioner. The State Government will establish the pension, gratuity, and other retirement benefits for administrative officials holding the position of Commissioner for Persons with Disabilities. The State Government is also authorised to form a five-member advisory committee with knowledge, skills, and experience working with people with disabilities.

In Mizoram, there are various committees overseen by the Office of the State Commissioner. The State Advisory Board, the State Committee for Disability Research, the State Level Coordination Committee, the State Level Assessment, the

Certificate Monitoring, the Expert Committee, the Rehabilitation Home for Mental Patients, the District Level Committee on Disability, and the Advisory Committee. Mrs. Vanlaldiki Sailo is the current State Commissioner. The following is the current organisational structure, as well as a list of officials and their titles.

Table 18 Organisational structure of Office of the Commissioner for Persons with Disabilities, Government of Mizoram

Designation	No. Of Officials
Commissioner	1
Asst. Commissioner	1
Research cum Prog Asst	1
Assistant	1
Upper Divisional Clerk	1
LDC cum Computer Operator	2
Driver	1
Chowkidar	1
Peon	3
Total	12

Source: *Data Collected from the Office of the Commissioner for Persons with Disabilities, Government of Mizoram during September 2022 to March 2024.*

The above table 18 highlights that the office has 12 administrative personnel. Ms. Vanlaldiki Sailo is the current State Commissioner, who is followed by one Assistant Commissioner, one Research and Development Assistant, and one Assistant. There is one UDC and two LDC cum computer operators. There is one driver and one chowkidar at the office. There are three peons in the office. These

administrative officials are currently employed in the office.

Some of the functions played and undertaken by the office of the Commissioner for Persons with Disabilities in Mizoram are the following:

a) Every year, the Office is authorised to submit an annual report. In this yearly report, the office's activities must be emphasized. Since 2013, it has released an annual report. Additionally, it has the power to immediately produce a special report detailing all of its significant acts. One of the key responsibilities of the office is preparing the yearly report.

b) The office has the power to research government initiatives. Additionally, the office has the authority to suggest amending such regulations if it determines that the government department's policies and programs do not comply with the RPwD Act 2016.

c) By the RPwD Act 2016, the office's primary duty is to defend the rights of people with disabilities. If any departments fail to comply with this law, the office can offer recommendations and solutions.

d) The office may amend this law and take the necessary actions to ensure that it is properly put into effect. The office shall assume full responsibility for taking the required actions to address their issues and improve their living situations if people with disabilities are unable to exercise their rights under the RPWD Act 2016.

e) The office is expected to promote disability-related research. And to the best of its ability, it will support all Mizoram researchers engaged in disability research.

f) The office will support a campaign to raise understanding of how to properly apply the RPWD Act 2016.

g) The office will examine whether or not the financial assistance provided by a few state government departments is being effectively utilized. The office is also in charge of overseeing this situation.

h) In addition, the office will complete some tasks given to it by the state government since both the state government of Mizoram and this office must collaborate to defend the rights of those with disabilities.

i) The RPWD Act 2016 must be followed by all state government departments. The state government department shall abide by the RPWD Act 2016, which mandates that all public places be accessible to people with disabilities and that reservations for these individuals be made.

j) The state government agencies shall comply as soon as possible if the office requests that they carry out specific responsibilities for people with disabilities. Additionally, such a state department is required to submit its report to the Office of the Commissioner for Persons with Disabilities within three months. However, if the state government department rejects the office of state commissioner's directive, the state government department is required to provide a report outlining why it cannot accept such recommendations.

The Office of the Commissioner for Persons with Disabilities recently conducted the major activities/significant operations listed below:

a) The office made an effort to carry out some duties during the Covid-19 lockdown. The office requested an explanation from all government departments if they had not taken the proper steps to fill recognized roles for people with disabilities. If this was the case, the office urged the agencies to submit their answers. The state government departments were reported to have taken significant actions, and 15 departments answered the queries, according to the office. According to the office's annual report, 76 people with disabilities are currently working for the Mizoram State Government in a variety of Group A, B, C, and D positions.

b) All state government departments were required to establish grievance redressal officers under Section 23 (1) of the RPWD Act, 2016. As a result, all state government departments have employed grievance redressal officers.

- c) People with disabilities need priority and preferences because they are one of the most vulnerable groups during the COVID-19 lockdown. Therefore, the State Commissioner asked the Government of Mizoram to provide priority and preference to people with disabilities when testing COVID-19 and administering COVID-19 vaccinations to take into account their unique needs. Then, in a fairly impressive move, the Mizoram government granted the State Commissioner's request.
- d) The office will be in charge of promoting disability-related research. As a result, the agency funded the Mizoram University Department of Sociology's research project on "Rehabilitation of Disabled and Inclusive Development."
- e) On March 10, 2020, members of the Aizawl City Bus Owners Association and State Commissioner Ms. Vanlaldiki Sailo met and had a conversation for general information. This is remarkable because it is crucial to educate bus drivers about how to treat people with disabilities on board and how to make Mizoram's public transportation accessible for people with disabilities.

Initiatives taken by the Office of Commissioner for Persons with Disabilities

To discuss ways to establish a barrier-free atmosphere for people with impairments, the office also met with church leaders. In addition to this, the State Commissioner visited various institutions to raise awareness of the RPwD Act 2016. Government Lunglei College, Government Mizoram Law College, Government Hnahthial Higher Secondary School, Government J. Buana College, Government Lawngtlai College, Government Mamit College, etc. are a few of the institutions that the office has visited to raise awareness. Therefore, one particularly perplexing point in the RPWD Act 2016 is that because some people are both blind and deaf and are unable to read or listen, every document cannot be made accessible to them. However, making some documents available to them is critical. All government institutions are not fully accessible to people with disabilities. Many schools in Mizoram are inaccessible to them due to a lack of financial support to build disabled-oriented schools. However, they can only attend a few special schools. So, the

Mizoram government, like all state governments in India, has a long way to go.

The RPWD Act 2016 is significant because it authorizes the state government to provide equipment and facilities for people with disabilities. However, it is argued that many people with disabilities do not use these available facilities even though they are desperately needed. Grievance Redressal Officers are employed in all government departments, according to the RPWD Act 2016. As a result, it is suggested that the State Commissioner for Persons with Disabilities maintain active contact with these appointed Grievance Redressal Officers. Because these officers may be reluctant to report all negative incidents involving people with disabilities in their respective departments to the State Commissioner.

The RPWD Act 2016 authorized all state government departments to hire a grievance redressal officer, who will be responsible for resolving all complaints received by him/her as soon as possible. However, there is still a long way to go because many needy people are unable to take advantage of existing government programs due to a lack of awareness and knowledge. Secondly, research is critical, but the Office of the State Commissioner for Persons with Disabilities must be financially empowered to support as many researchers as possible who work for people with disabilities. People with disabilities in Mizoram face serious problems due to a lack of doctors who can verify the type of disabilities and a lack of medical facilities and hospitals. So, to verify the type of disability, the central government and state government must stand strongly together to build more government-disabled-oriented hospitals and more specialized and expert doctors who have a thorough knowledge of disability types.

To make sure that the rights of people with disabilities are taken into account, the Office of the Commissioner, for Persons with Disabilities (OCPD) has taken on a significant role in monitoring and supervising all state government agencies. It is also its job to provide an annual report to the state government. Therefore, it was noted that the OCPD now has a few administrative personnel to handle these crucial jobs. The administrative staff of OCPD occasionally has to travel to remote locations for awareness-raising initiatives and to check on the working conditions of disability-

related NGOs. Therefore, the difficulty that can be seen is the shortage of administrative officials. One of the key goals of OCPD is to support researchers who are engaged in the study of disabilities. It is well known that the OCPD supported some researchers and encouraged study. For conducting research, time and money are two essential and interdependent factors. Therefore, the OCPD is unable to support numerous significant disability research projects due to a lack of funding from the central and state governments. More research initiatives may be sponsored by the OCPD if it were given more financial power. The OCPD reported that the identification of disabilities is a very difficult task to carry out. To identify various types of disabilities, people with disabilities need to go through a proper medical examination, which is a difficult task and which cannot be carried out at home.

Overview

The success of the RPWD Act 2016 can be significantly increased by involving the community through civil society organisations in Mizoram. Some government programs for disabled individuals are being overseen and monitored by the Young Mizo Association (YMA), Mizo HmeichheInsuihkhawm Pawl (MHIP), Mizoram Upa Pawl (MUP), and others. Therefore, the inclusion of non-governmental organizations (NGOs) in Mizoram's numerous government programs for people with disabilities is a remarkable endeavour in that it relieves the government of some duties.

Chapter - IV

IMPLEMENTATION OF INDIRA GANDHI NATIONAL DISABILITY

PENSION SCHEME IN MIZORAM

This chapter deals with the the implementing authority, the District Social Welfare Offices which are in charge of NSAP implementation and which have widely implemented the Indira Gandhi National Disability Pension Scheme. The chapter outlines how the administration is carried out in Mizoram. Champhai and Saitual Districts were under the District Social Welfare Offices, Aizawl East, linked to the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. Mamit was covered by the District Social Welfare Office of Aizawl East. The Serchhip and Hnahthial Districts were covered by the District Social Welfare Office of Lunglei. Lawngtlai District was covered by the District Social Welfare Office of Siaha. Under the National Social Assistance Program (NSAP), IGNDPS was introduced. People who fall into society's Below Poverty Line category and have numerous disabilities or impairments that account for 80 percent of their disabilities are eligible for the pension benefit or may be able to access this monthly pension scheme.

IGNDPS is the initial effort to help people with disabilities in India. In February 2009, the program was introduced by the United Progressive Alliance government led by Manmohan Singh. It makes an effort to offer social security to disabled older adults, women, children, and men. India is a sizable democracy with a sizable population that adopted a welfare system. People with disabilities make up a large portion of the BPL population and need security. The Government of India has therefore taken the required actions for the welfare of people with disabilities to meet their needs.

Indira Gandhi National Disability Pension Scheme's goals

The Directorate of Social Welfare and Tribal Affairs, Government of Mizoram is in charge of the Indira Gandhi National Disability Pension Scheme. Beneficiaries of the IGNDPS are supposed to receive financial aid if they have multiple disabilities that are 80 percent severe. Ages 18 and up are eligible for the monthly pension amount. Each beneficiary receives a Rs 400 monthly pension (Rs 300 from the central government and Rs 100 from the state).

The beneficiaries of IGNDPS in Mizoram who are between the ages of 18 and 79 receive Rs.400, and those over 80 receive the same amount. Therefore, the central government would provide Rs.500 to IGNDPS beneficiaries who are 80 years of age or older as a result of the work done by the Ministry of Rural Development, Government of India. The implementation of this is scheduled for the fiscal year 2024–2025. Beneficiaries who are 80 years of age or older will soon receive Rs.600 (Rs.500 from the central government and Rs.100 from the state government), according to the report of the concerned department.

a) The BPL sector of society would be entitled to benefits under the Indira Gandhi National Disability Pension Scheme for people with disabilities that are 80 percent or more severe.

b) India is referred to as a welfare state. Every segment of society must be catered to in the government's plan and program. There are numerous programs for young people, the elderly, widows, and widowers as well as programs for building infrastructure and developing rural areas. Therefore, each government program has a distinct goal. Therefore, the Indian government is making a valiant effort to implement its programs and schemes for the well-being of every Indian person. The Government of India has been running welfare programs, and one of them is the Indira Gandhi National Disability Pension Scheme.

c) The Sustainable Development Goals include the eradication of poverty as one of their objectives. Thus, there are numerous programs in India aimed at ending poverty. Therefore, the IGNDPS was created to assist disabled people who are

living in poverty. The project won't be able to lift everyone with a disability out of poverty, but it will benefit some people in particular, especially the 80 percent of disabled people in India and Mizoram who live in poverty.

(A) Eligibility criteria of Beneficiary: (A) To claim central assistance, the following criteria shall apply: i) The age of the disabled shall be above 18 years. ii) The applicant must belong to a household below the poverty line according to the criteria prescribed by the Government of India. iii) The applicant should be suffering from severe or multiple disabilities as defined in 'The Persons with Disabilities Act, 1995 Act (PWD Act 1995) and the 'National Trust for the Welfare of Persons with Autism, Cerebral Palsy.

(B) The following may be taken into consideration when determining whether a disability is covered by the scheme: i) The applicant must provide a medical certificate from a "medical authority" following the requirements of para. B. (ii) above and clause (p) of section 2 of the PWD Act. ii) The conclusions of the qualified medical authority about the degree of incapacity would be accepted.

(C) To prevent distance from acting as a deterrent and to prevent harassment, the State Government will make it easier for people who apply for assistance under the scheme to obtain the certificate of severe or multiple disabilities by inviting the medical authority at the Block/ Tehsil/ Mandal level or as admissible.

1) Pension amount: Each beneficiary will receive Rs.300 per month in Central support under the IGNDPS. The State Governments are urged to make a minimum equal contribution to the pension amount.

2) Payment Method: The beneficiary's post office or public sector bank account will be credited with the pension.

3) Beneficiary identification: The Gram Panchayat/Municipalities are anticipated to actively participate in the process of identifying beneficiaries under the Scheme.

4) Certificate of coverage: The States/UTs must provide proof that all eligible disabled people have received IGNDPS coverage.

5) The number of beneficiaries who are entitled to receive assistance under the IGNDPS will be established based on the field report of all beneficiaries who meet the eligibility requirements.

6) Fund Allocation: The Government of India had allocated the State, 587 beneficiaries; steps have been taken, and beneficiary selection is being carried out. The funds for the operation of the scheme relating to IGNOAPS, IGNDPS, IGNWPS, National Family Benefit Scheme as part of the National Social Assistance Programme, and Annapurna will continue to be released in a combined manner in connection with this scheme. It will soon be put into practice.

Table 19 Fund allocation during 2015-2016 for IGNDPS beneficiaries

Name of Scheme	IGNDPS
physical	742
Financial in lakh	33.39

Source: *Mizoram Economic Survey (2015-2016) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above table 19 indicates that there were 742 persons with disabilities/beneficiaries covered by the Indira Gandhi National Disability Pension Scheme during 2015-2016. 33.39 lakh was sanctioned for the beneficiaries of the scheme. According to the data provided by the Office of Commissioner for Persons with Disabilities, the Government of Mizoram, Mizoram currently has 15,160 persons with disabilities. It can be noted that only a few persons with disabilities get the monthly pension and it is argued that there are many persons with disabilities living below the poverty line who are eligible to get the monthly pension in Mizoram. The State Government, the Central Government, and the responsible functionaries need to take urgent necessary steps to include needy persons with disabilities.

Table 20 Fund allocation during 2016-2017 for IGNDPS beneficiaries

Name of Scheme	IGNDPS
physical	742
Financial in lakh	31.16

Source: *Mizoram Economic Survey (2016-2017) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above table 20 indicates that during 2016-2017, 31.16 lakh was sanctioned for the beneficiaries of the Indira Gandhi National Disability Pension Scheme. The total number of beneficiaries was 742, entitled to enjoy the monthly pension benefit. The Central Assistance and State Contribution is too limited and cannot cover a larger population. The State Government of Mizoram needs to ensure that the persons with disabilities who are qualified and eligible to get the pension benefit are entitled and not excluded. The fund sanctioned during 2016-2017 is less than the fund sanctioned during 2015-2016. The financial assistance decreased by 2.23 lakh in comparison with the previous years.

Table 21 Fund allocation during 2018-2019 for IGNDPS beneficiaries

Name of Scheme	IGNDPS
physical	742
Financial in lakh	33.40

Source: *Mizoram Economic Survey (2018-2019) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above table 21 indicates that during 2018-2019, there were 742 beneficiaries of the Indira Gandhi National Disability Pension Scheme in Mizoram. The total fund sanctioned was 33.40 lakh for the beneficiaries of the scheme. It can be stated that the total number of beneficiaries has not increased and is still the same as the previous years of 2016-2017. Because the Central contribution and State

contribution are too limited to cater to the needs of eligible persons with disabilities to become beneficiaries. The financial assistance increased by 2.24 lakh and it was more than in the previous years

Table 22 Fund allocation during 2019-2020 for IGNDPS beneficiaries

Name of Scheme	IGNDPS
physical	742
Financial in lakh	14.42

Source: *Mizoram Economic Survey (2019-2020) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above table 22 indicates that during 2019-2020, the financial assistance for the beneficiaries of IGNDPS was 14.42 lakh. The total number of beneficiaries is still the same as the previous years. The number of beneficiaries is currently 742. Increasing the number of beneficiaries is a difficult task due to budget limitations. There is rigidity and coerciveness in the selection of the beneficiaries and the replacement process. If one of the beneficiaries passes away, then the responsible functionaries will select one person to become the new beneficiary and the empty place will be filled with the new beneficiary. If all the beneficiaries are alive and new beneficiaries cannot be selected. So, the selection and replacement process are rigid for the beneficiaries of the scheme.

In Mizoram, the District Social Welfare Offices are in charge of NSAP implementation. District Social Welfare Offices in Mizoram have widely implemented the Indira Gandhi National Disability Pension Scheme. Champhai and Saitual Districts were serviced by the District Social Welfare Offices, Aizawl East, linked to the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. Mamit was covered by the District Social Welfare Office of Aizawl East. The Serchhip and Hnahthial Districts were serviced by the District Social Welfare Office of Lunglei. Lawngtlai District was serviced by the District Social Welfare Office of Siaha.

DSWOs are responsible for assisting older citizens, especially those from underprivileged groups in society, and working for the welfare, independence, and growth of people with disabilities. The DSWOs collaborate and work with the Local Council, Mizo HmeichheInsuihkhawm Pawl (MHIP), Young Mizo Association, and Mizoram Upa Pawl (MUP).

Citizens must receive the necessary information from DSWOs for the IGNDPS to be implemented successfully. The first step in implementing the IGNDPS is to make the application form available. The application form is given by DSWOs and is always accessible there. A dealing assistant must verify the application. The candidate's BPL status must also be confirmed by the dealing assistant. Therefore, the candidate must present a Ration Card showing his or her status. The dealing assistant must follow the 2016 BPL survey conducted by the Mizoram State Government to determine the candidate's status. Candidates must complete the form and submit it to the DSWOs along with the necessary paperwork, including a bank passbook, an Adhar card, a ration card, and a recommendation from the village council.

One crucial task that the DSWOs must complete is raising public awareness. The general public or those in need should be informed of the requirements for receiving aid, the amount available, the supporting materials required, and the process for enrolling in a pension scheme. To provide widespread and ongoing exposure of the IGNDPS in Mizoram is the responsibility of DSW&TA, Government of Mizoram. In addition to collaborating closely with the Directorate, the YMA, MHIP, MUP, and village council are also in charge of spreading awareness about IGNDPS in their respective regions. So, the concerned NSAP employees are in charge of raising awareness through signs, pamphlets, social media, and other channels.

Conducting verification and social audits is one of the responsibilities given to the DSWOs. The offices checked the IGNDPS on an annual basis. Deficient beneficiaries and expired beneficiaries were found by the verification team. And the DSWOs used to issue orders to cancel beneficiaries who had already expired and

defaulted. The resulting vacancies are filled with applications for the various pensions that are now waiting at the DSWOs. A directive is given in that direction.

The current beneficiaries of the IGNDPS must be verified and confirmed by the verification team/DSWOs under DSW&TA, Government of Mizoram. The YMA, MHIP, MUP, Local Council, and Village Council are other possible members of the verification team at the village level. As NSAP beneficiaries are accessible locally, it is the responsibility of the civil society organisations to confirm their eligibility and maintain contact with Indira Gandhi National Disability Pension Scheme recipients in Mizoram. The verification team's task is to determine who the new IGNDPS beneficiaries are. By knocking on doors, the verification team finds new beneficiaries. Based on the provided BPL list, the verification team will make its determination. A qualified individual should not be overlooked if his or her name does not appear on the BPL list. It was Based on the guidelines set down in W.P. No. 196 of 2002 by the Supreme Court of India. It is important to determine the deserving person's eligibility and include them on the chosen list.

The fund under NSAP must be disbursed through DSWOs. The DSWOs office transfer the pension fund to the beneficiaries' bank accounts through the relevant bank upon receipt of the IGNDPS fund from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. Cash disbursement is simple to perform anywhere it is required. The Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, must receive every disbursement report.

There are various Child Development Project Offices in Mizoram that are rendering valuable services for the implementation of the Indira Gandhi National Disability Pension Scheme. The CDPOs are acting as District Social Welfare Offices in some parts of Mizoram. The authority is decentralized and transferred to the offices in such a way that the IGNDPS/NSAP will be properly implemented. Decentralization of power or authority to CDPOs takes away the burden of the DSW&TA, Government of Mizoram. CDPO at Darlawn village and Thingsulthliah village are responsible for the implementation of IGNDPS in Aizawl District Mizoram. CDPO at Bunglemun village is also responsible for IGNDPS

implementation in Lunglei district, Mizoram. CDPO at Champhai and Khawbung are responsible for implementing IGNDPS in Champhai district, Mizoram. CDPO at Lawngtlai, Chawngte, and Bunglei S are responsible for implementing IGNDPS in Lawngtlai district, Mizoram. CDPOs at Ngopa, Phullen, and Thungthlath are working on the implementation of IGNDPS in Saitual district, Mizoram.

CDPO is fully responsible for the implementation of IGNDPS in Khawzawl district and Hnahthial district, Mizoram. CDPO works under the supervision and direction of the DPO (District Programme Officer). The CDPO serves as a liaison between supervisors and the DPO and is responsible for giving supervisors and Anganwadi workers clear rules and instructions, as well as ensuring timely information dissemination and implementation. CDPOs' key responsibilities include supervising Anganwadi centers, informing all ICDS functionaries at the district, block, and village levels about Anganwadi center guidance, and monitoring important operations to fulfill the ICDS program's real motto or aim.

The CDPOs must ensure that all financial accounts maintained by Anganwadi centers are correctly maintained and kept and that they are aware of the amount of money spent and the overall spending against sanction grants and sanctioned funds per State or Central Government rules. The supervisor's major responsibility is to oversee the ICDS plan at the district level and to assist the CDPO in overseeing other functionaries. A District Project Officer sits above the Supervisors and the CDPO, providing all guidelines, instructions, and guidance for the proper operation of the ICDS plan in the district.

In addition to being in charge of ICDS, Anganwadi Workers are also in charge of the Indira Gandhi National Disability Pension Scheme. In Mizoram, some Anganwadi Workers maintain a list of the disabled residents of each village who are eligible for pension benefits. If there are any beneficiaries of the Indira Gandhi National Disability Pension Scheme in their villages, the village council or local council should be able to provide a list of such beneficiaries as well as their status. ICDS established Anganwadi services, in which largely female workers and other assistants provided vital services to children, mothers, and adolescent girls while also

carrying out the ICDS objective.

Most villages in Mizoram are dispersed and located distant from towns and cities. From the headquarters, the Social Welfare Department or the Women and Child Development Department cannot complete the tasks. The apex bodies devolved administrative authority to the villages, allowing the rural community in Mizoram's remote areas to tackle hunger, starvation, and malnutrition through Anganwadi centers. Nutrition education, supplementation, counseling, and supply are among the services provided by Anganwadi centers in a village. Anganwadi workers are community or village-based field or frontline workers who are vital to children's growth and development.

Monitoring System

Implementation includes oversight of the Indira Gandhi National Disability Act and its monitoring. So, let's focus on how the accountable functionaries manage and keep an eye on the IGNDPS to ensure that it is implemented effectively and efficiently. The States and UTs are in charge of designating a Nodal Secretary to report on the NSAP's implementation status. Additionally, the coordination of numerous departments in charge of NSAP implementation will fall under the purview of the Nodal Secretary. By the 15th of every month, the State Nodal Department is required to report on the implementation's progress. Additional central aid might not be granted if the State Nodal Department doesn't submit the report on time or at all. Therefore, the State Nodal Department has a very high level of responsibility. To oversee NSAP at the central level, there is a Performance Review Committee (PRC), which is expected to convene sometimes. Regular meetings and monitoring are expected between Nodal Officers and National Level Monitoring.

Committee for National Social Assistance (NSAAC)

To assist the Ministry of Rural Development in monitoring and evaluating the NSAP and providing guidance on issues about policy and its successful implementation, a National Social Assistance Advisory Committee will be established at the national level. Additionally, it shall indicate any unique deviations

in rules within the NSAP's overarching framework. The NSAAC may have members from related Ministries or Departments of the Central Government, such as the Ministries of Social Justice and Empowerment, Disability Affairs, Women and Child Development, Health, and Family Welfare, and Labour, as well as up to five representatives from academic institutions and civil society organisations, as well as five Secretaries from State Governments who rotate among all regions of the nation. A minimum of twice a year, the NSAAC may convene.

Committee at the state level

The State level Committee should be led by the Chief Secretary or another Chief Secretary that the Chief Secretary designates, and it should be composed of the following individuals: (a) Secretaries of the relevant Departments, such as Finance, Rural Development, Panchayati Raj, Municipal Affairs, Social Welfare, Health, Revenue, Women and Child Development, Minorities, SCs/STs etc.; (b) Two Representatives of Banks/Post Office; (c) four Chairpersons, including two from each Zilla Parishad and This Committee will be in charge of carrying out, overseeing, and evaluating the program and all related tasks. State Committees ought to get together at least twice annually.

District Level Committee

The District Level Committee may be headed by the Chairperson Zilla Parishad / Chief Executive Officer, Zilla Parishad / District Collector. The District Level Committee will be in charge of the district's execution, monitoring, and evaluation of the program, as well as any issues related to it. Each month, they must deliver their reports to the State Nodal Department.

State-Level Nodal Agency

As much as practicable, the States and UTs should implement the Scheme through a single department. If this is not feasible, a nodal department shall be chosen to coordinate with the various implementing departments to submit reports to the Government of India for evaluation regularly.

Progress Reports, Quarterly and Monthly

State governments will report to the central government on their financial and physical progress under various NSAP programs via the Nodal Department. For this, Quarterly/Monthly Progress Reports have been established as per Annexe-I. The State Nodal Department is required to submit the Quarterly/Monthly Progress Reports online by the 15th of each month following regular receipt of reports from the district and field offices. Once NSAP-MIS is fully functional, the quarterly and monthly progress reports will be created automatically.

Officers Nodal Meeting

An official of the proper level, other than the Secretary of the Nodal Department, must be designated by each State Government as the State Nodal official for the NSAP. The State Nodal Officer is in charge of providing Monthly Progress Reports and any other data that may occasionally be requested by the Ministry of Rural Development. The Ministry of Rural Development holds nodal officers meeting every three months, and the nodal officer is expected to attend. Any time the State's nodal official changes, the Ministry must be informed.

Committee for Performance Review (PRC)

During PRC 26 meetings held at the end of each quarter, the Secretary of the Ministry of Rural Development reviews the status of all rural development programs with the Secretaries of the State departments. One of the agenda items for the PRC meetings also includes the NSAP's development. States may bring up implementation-related issues, as well as share their experiences and make proposals for changes, at the PRC Meetings.

Regional officers

Area Officers are chosen from among Ministry of Rural Development officers for field trips and interactions with beneficiaries and neighbourhood public officials. The State Government will be given access to the Area Officers' reports to enhance the way that initiatives are implemented.

NLMs (National Level Monitors)

The Ministry of Rural Development appoints National Level Monitors (third-party monitors) to conduct site visits and provide reports on the execution of several rural development schemes. The NLMs are allocated to various States and given questionnaires to evaluate the field execution of schemes. The State Nodal Department must aggressively support NLMs and arrange their visits so that the NLMs review can also monitor the NSAP schemes. The State Government will be given access to the NLMs' findings for further action.

Mechanism for Redressing Grievances

At the levels of the Gram Sabha, Intermediate Panchayat, District, and Municipality, the State should establish a procedure for handling complaints and choose an individual with the appropriate level of seniority to whom complaints can be sent. Grievance resolution schedules should be set. A receipt must be sent to the complainant that details the timeline for resolution. The designated officer's office is required to retain a record of complaints received, actions done, and results.

The Social Audit

One of the principles of effective governance is the involvement of the public in the formulation and implementation of policy. The "Social Audit" is crucial to the implementation and oversight of the NSAP schemes because of this. In addition to improving transparency and accountability and resolving beneficiary complaints, social audit not only helps to improve the schemes.

The Gram Sabha/Ward Committee is responsible for conducting the social audit. The NSAP requires that Social Audits be conducted at least once every six months. Therefore, "Conduct of Social Audit for schemes of NSAP" must be on the agenda of at least two Gram Sabhas / Ward meetings called by the Gram Panchayat / Municipality during the year. The District Officer must give at least 30 days' notice before announcing the Social Audit. The Social Audit Committee should ensure that beneficiaries from SCs, STs, and Minorities are also represented. The Social Audit

Committee must have at least 15 days' notice before any pertinent information, such as beneficiary names and addresses, the method of pension disbursement, the amount of pension disbursed, etc., is made accessible by the Gram Panchayat, Municipality, Block, or District Officers. If the Committee so chooses, it may physically visit the recipients to confirm the information. The Committee shall also examine the response to grievances from the officer in charge of grievance redressal's record.

Finance-related issues

The Department of Rural Development's budget includes the NSAP budget. The Ministry of Rural Development has begun distributing funds to Indian states and union territories according to various schemes. The Ministry has advised the State to contribute at least an equal amount from their funds. Based on the number of beneficiaries reported by the states and union territories, the central government distributed financial assistance to the states and union territories. If the central fund is determined to be insufficient, the state government has to provide financial aid to address the issue of deficiency. Not all of the financial assistance that the central government releases to the states and union territories goes to NSAP beneficiaries; some of it might also be used for administrative costs. Administrative expenses are allowed to be covered by 3 percent of the financial assistance allocated to states and union territories. The state government's consolidated fund would get the initial release of cash from the central government. The following distribution pattern of funds may be kept in mind.

Firstly, the annual allotment will be distributed in two portions. Secondly, the initial payment shall represent 50 percent of the annual allotment. Thirdly, the annual allotment less the first instalment shall equal the second instalment.

Procedures for the First Installment Release

First, the first instalment will be released automatically for those states and UTs if the state government or UT has previously received the second instalment. Second, the amount of any unpaid debt will be automatically subtracted from the first instalment. Thirdly, if the state government and UTs do not get the second

instalment, they must submit a proposal for the first instalment along with all the necessary paperwork that was needed to be completed for the second instalment of the previous fiscal year to be released. Fourth, all state governments and UTs are required to present documentation that demonstrates the fulfilment of any conditions that were mentioned during a previous release, if any.

Procedure for Second Installment Release

The state government is required to provide certain documents. First, the state government or UTs must submit a request for the release of the second payment, including information such as the year, name of the state/UT, the total amount of cash, etc. Additionally, the second instalment release proposal is due on December 15th. After December 15th, no proposal will be approved unless there is a valid explanation. In addition to these.

Payment of a Pension

The state government must make sure that the pension is paid out conveniently. The state government will give people a pension based on their social, economic, and capacity backgrounds. A vulnerable person won't have to travel more than 3 kilometres to receive their pension amount. Doorstep payment delivery services are the option that the government must offer if the beneficiaries are unable to travel and go even a short distance due to physical issues and other justifiable causes. There are other ways to make payments, including bank transfers, money orders, and post office accounts. This means that the pension funds will be credited to the beneficiaries' bank accounts or post office savings accounts. Both the central government and the state governments favour using the beneficiaries' bank accounts and post office savings accounts as a means of payment. All states and union territories are urged to apply for the Direct Transfer Benefit through workflow-enabled MIS to prevent delays and duplication of effort. States and UTs reported DBT transactions of 21.27 crore in 2018–2019 and 21.47 crore in 2019–2020. The States and UTs have digitized the data of 96 percent of beneficiaries through NSAP-PPS.

Overview

It is important to note that the responsible authority must make proper coordination, and communication with field-level functionaries such as Mizoram Upa Pawl, Anganwadi Workers, and Village Council in the implementation process. The field-level functionaries must be properly aware of the application process and the requirements to fill up the application in such a manner that they will be in a position to help the applicants in their localities at any time. At the district level, each District Social Welfare Officer takes an active part. Additionally, they must distribute the money promptly. They must also abide by any laws and regulations that the Nodal Ministry, Ministry of Rural Development, may occasionally modify. To make sure that NSAP is implemented effectively, it is vital to examine and analyze its progress. District Social Welfare Officers are in charge of doing this. For the NSAP to be implemented successfully, awareness-building and widespread exposure are essential.

Chapter-V

IMPACT OF INDIRA GANDHI NATIONAL DISABILITY PENSION SCHEME ON THE SOCIO-ECONOMIC CONDITIONS OF THE BENEFICIARIES IN MIZORAM

The chapter highlights the socio-demographic details of the respondents such as the age group of the beneficiaries, gender-wise category of beneficiaries, marital status, educational qualification, denomination, social categories such as BPL, APL, AAY, PHH, the religion of the beneficiaries, income generating activities of the beneficiaries, family members of the beneficiaries, identification with PwD with their different type of disabilities, the impact of the IGNDPS on the health status and condition of the beneficiaries, how useful is the scheme for the beneficiaries, the impact of the IGNDPS on the social status of the beneficiaries, the impact of the IGNDPS on the financial status of the beneficiaries, number of beneficiaries who found the pension scheme adequate and inadequate, number of beneficiaries who found the pension regular or irregular, number of beneficiaries who found the selection and replacement process very rigid or not rigid, awareness generation level.

The chapter deals with the socio-demographic characteristics of the beneficiaries as well as the influence of IGNDPS on their socioeconomic conditions. The primary sources of data, which were gathered through direct personal interviews with beneficiaries and their parents, are used to examine the details of the beneficiaries and the impact of the IGNDPS. Data for the beneficiaries were acquired using a semi-structured interview schedule. Descriptive statistics were used to analyze the beneficiary's responses.

There are 15,160 persons with disabilities in Mizoram according to the data from the Office of Commissioner for Persons with Disabilities, Government of Mizoram. There are 742 beneficiaries of IGNDPS in Mizoram. A sample of 300 beneficiaries was chosen specifically for the present study. All the 11 districts of

Mizoram were covered. Visits were made to all 11 districts in Mizoram as well as to the villages where IGNDPS beneficiaries are located. For this research, responsible functionaries from each of the 11 district social welfare offices, as well as other district social welfare officers, were visited. It is noteworthy to mention that the community members could also provide me with the addresses of IGNDPS beneficiaries in the area. They are a great support in providing the data.

The beneficiaries' sociodemographic information and the different kinds of disabilities they had were evaluated. The sources of information, payment methods, local level officials, mode of awareness raising, mode of verification, disability certificate matters, beneficiaries' health concerns and issues, the effect of IGNDPS, the challenges they encountered in receiving pensions, their study locations, the state of infrastructure facilities, issues about equipment and assistive devices and allowances, the rate of support system for PwDs in their locality or schools, the conditions of health care facilities, recommendations, etc. were all addressed in several pertinent questions. It is essential to obtain valid answers, and since the majority of beneficiaries were unable to provide one, their parents answered on their behalf.

Brief Profile of Study Area

The present study is about the beneficiaries of the Indira Gandhi National Disability Pension Scheme in Mizoram who are living in different districts of Mizoram. Therefore, the study area encompassed all eleven districts of Mizoram. Mizoram has two key offices dedicated to promoting the welfare of persons with disabilities: the Office of Commissioner for Persons with Disabilities and the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. These entities administer important schemes and initiatives for disabled persons in Mizoram. Established in 2012, the Office of the Commissioner for Persons with Disabilities monitors government departments to ensure legal support and accessibility for individuals with disabilities. On the other hand, the Directorate of Social Welfare & Tribal Affairs focuses on implementing various disability-related schemes such as the Indira Gandhi National Disability Pension Scheme, in alignment

with the Rights of Persons with Disabilities Act of 2016 which mirrors the UN Convention on the Rights of Persons with Disabilities.

The research area encompassed all eleven districts of Mizoram - Aizawl, Serchhip, Lunglei, Lawngtlai, Siaha, Hnahthial, Kolasib, Mamit, Champhai, Khawzawl, and Saitual. 300 beneficiaries were chosen as respondents, who were personally interviewed and engaged in discussions out of 742 beneficiaries in Mizoram. Different District Social Welfare Offices, Child Development Project Offices, and Rural Development Blocks in Mizoram provide these beneficiaries with assistance and support. Therefore, 40 administrative officials were interviewed.

The study area covered the responsible functionaries for implementing the Indira Gandhi National Disability Pension Scheme, such as District Social Welfare Offices Aizawl East and Aizawl West, and Child Development Project Offices in Darlawn and Thingsulthliah, District Social Welfare Offices Lunglei and Lungsien, as well as the Child Development Project Office, Child Development Project Offices in Champhai and Khawbung, Rural Development Blocks in Thingdawl and Bilkhawthlir, District Social Welfare Offices in Serchhip and East Lungdar, Child Development Project Offices in Lawngtlai, Chawngte, and Bungtlang South, Reiek, West Phaileng, Zawlnuam, Siaha and Tipa, Child Development Project Offices in Ngopa, Phullen, and Thingsulthliah, Child Development Project Offices in Khawzawl and Hnahthial districts. Directorate of Office of the Commissioner for Persons with Disability, Government of Mizoram in Aizawl District, Directorate of Social Welfare & Tribal Affairs, Government of Mizoram were included.

Aizawl, the largest city and capital of Mizoram state in India, is situated in the northern part of Mizoram on a ridge 1132 metres above sea level. It is surrounded by the Tlawng River valley to the west and the Tuirial River valley to the east. During the summer, temperatures range from 20-30 degrees Celsius, while in the winter it ranges from 11-21 degrees Celsius. Aizawl district covers an area of 3,576 square kilometres and has a population of about 400,309 residing in 96 villages.

Moving to the southern part of Mizoram, Lunglei District is bordered by Siahla, Lawngtlai, Serchhip, Mamit, and Hnahthial Districts, and also shares an international border with Bangladesh on the west. Covering an area of 4,538 square kilometres, Lunglei has a population of 137,155. Lunglei is located 235 kilometres from Aizawl and is easily accessible by well-maintained roads.

Champhai district, one of the eleven districts within Mizoram, shares borders with Churachandpur district of Manipur to the north, Saitual and Serchhip districts to the west, and Myanmar to the south and east. Champhai district covers an area of 3,185.83 square kilometres, and Champhai town is the administrative headquarters of the district. Serchhip district, also one of the eleven districts in Mizoram, was established on 15 September 1998 after being separated from Aizawl District. The district is surrounded by Aizawl, Lunglei, Myanmar, and Champhai districts, and covers an area of 1421.60 square kilometres, with Serchhip town serving as the administrative headquarters.

Serchhip is one of eleven districts in Mizoram, India. The district covers an area of 1421.60 kilometres. Serchhip town serves as the district's administrative headquarters. This district was formed on September 15, 1998, by dividing the Aizawl District into smaller ones. It encompasses parts of East Lungdar and Thingsulthiah

Kolasib district is one of the eleven districts of the Indian state of Mizoram. The district is bordered on the north and northwest by the Hailakandi district of Assam state, on the west by the Mamit district, on the south and east by the Aizawl district, and the northeast by the Cachar district of Assam. The district covers an area of 1472.12 kilometres. Kolasib town serves as the district's administrative headquarters.

Mamit district is the least urbanised district in Mizoram with only 17.25 percent of its population residing in urban areas. With a sex ratio of 927, Mamit district has the lowest sex ratio among the eight districts in the state. It shares borders with the Hailakandi district of Assam, North Tripura district and Bangladesh,

Lunglei district, and Kolasib and Aizawl districts across an area of 3025.75 square kilometres.

Lawngtlai District is located in the southernmost part of Mizoram and became a separate district on 18th September 1998 after originally belonging to the Siahla District. It is known for having a high concentration of minority populations. The district is divided into Sangau, Chawngte, and Lawngtlai Sub-Divisions covering an area of 2557.10 square kilometres.

Moving to Siahla district, it shares borders with Lunglei, Lawngtlai, and Myanmar, occupying an area of 1399.9 square kilometres, with Siahla town serving as the administrative headquarters of the Mara Autonomous District Council.

Khawzawl district is one of the newest districts in Mizoram, established on 3 June 2019, with four Legislative Assembly constituencies. This district has twenty-eight inhabited towns and villages, with an estimated 14,000 residents living in Khawzawl town among 3,000 families.

Saitual District was established by the Mizoram Government on 3rd June 2019 and is one of the eleven districts in the state. The district was carved out from the existing administrative districts of Aizawl and Champhai. Saitual District consists of two civil subdivisions, Saitual and Ngopa, which are further divided into Phullen and Ngopa development blocks. The district is home to three Legislative Assembly constituencies: Chalfilh, Tawi, and Lengteng. It has a total of thirty-seven towns and villages with 10,219 families (50,575 individuals) residing within them, comprising 25,607 men and 24,968 women. The capital of the district has 2,457 families with a population of 11,619 people.

Hnahthial District is bordered by Serchhip District to the north and Lawngtlai District to the south. It is one of the eleven districts in the state of Mizoram, India. The district became fully operational on June 3, 2019, when the office of the Deputy Commissioner was established. The population of Hnahthial district is 28,468, with 25.25 percent residing in urban areas, totalling 7,187 individuals. There are three Legislative Assembly constituencies in the district: South Tuipui, Lunglei North, and

Lunglei East. The district consists of twenty-seven towns and villages, housing 5,846 families and a total population of 28,468 people, including 14,208 men and 14,260 women. The district capital is home to 1,548 families and a population of 7,187.

Socio-Demographic Details of The Beneficiaries

Table 23 Distribution of beneficiaries based on their Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	19	1	.3	.3	.3
	22	1	.3	.3	.7
	23	1	.3	.3	1.0
	25	5	1.7	1.7	2.7
	27	4	1.3	1.3	4.0
	28	1	.3	.3	4.3
	29	1	.3	.3	4.7
	30	9	3.0	3.0	7.7
	31	1	.3	.3	8.0
	32	1	.3	.3	8.3
	33	1	.3	.3	8.7
	34	4	1.3	1.3	10.0
	35	4	1.3	1.3	11.3
	36	3	1.0	1.0	12.3

	37	4	1.3	1.3	13.7
	38	9	3.0	3.0	16.7
	39	2	.7	.7	17.3
	40	32	10.7	10.7	28.0
	41	1	.3	.3	28.3
	42	1	.3	.3	28.7
	43	5	1.7	1.7	30.3
	44	5	1.7	1.7	32.0
	45	21	7.0	7.0	39.0
	46	9	3.0	3.0	42.0
	47	8	2.7	2.7	44.7
	48	9	3.0	3.0	47.7
	49	7	2.3	2.3	50.0
	50	22	7.3	7.3	57.3
	51	3	1.0	1.0	58.3
	52	4	1.3	1.3	59.7
	53	4	1.3	1.3	61.0
	54	3	1.0	1.0	62.0
	55	15	5.0	5.0	67.0

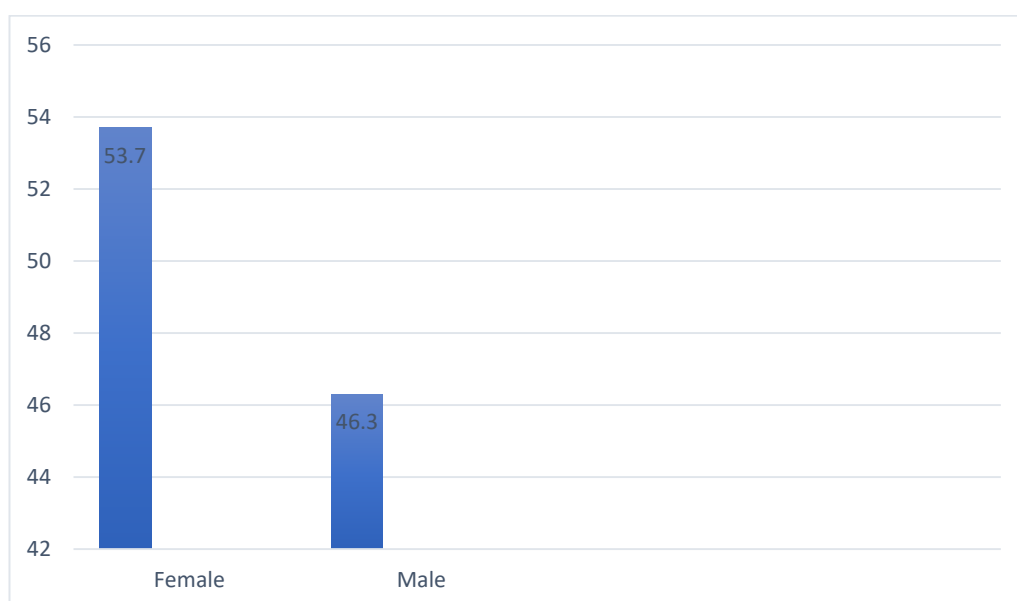
	56	4	1.3	1.3	68.3
	57	5	1.7	1.7	70.0
	58	5	1.7	1.7	71.7
	59	1	.3	.3	72.0
	60	29	9.7	9.7	81.7
	61	4	1.3	1.3	83.0
	62	4	1.3	1.3	84.3
	63	4	1.3	1.3	85.7
	64	2	.7	.7	86.3
	65	13	4.3	4.3	90.7
	66	1	.3	.3	91.0
	67	5	1.7	1.7	92.7
	68	4	1.3	1.3	94.0
	69	1	.3	.3	94.3
	70	6	2.0	2.0	96.3
	71	3	1.0	1.0	97.3
	74	1	.3	.3	97.7
	75	1	.3	.3	98.0
	76	2	.7	.7	98.7

	78	2	.7	.7	99.3
	80	1	.3	.3	99.7
	88	1	.3	.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during the Month of December 2023 to March 2024.*

The above table 23 highlights that no beneficiary is younger than 19 or older than 88 years old. The above table clearly shows that IGNDPS was implemented as per the norms within the prescribed age limit. According to criteria set by the Government of India, only people over the age of 18 with 80 percent disability are eligible for the Indira Gandhi Disability Pension Scheme. It was found that all of the contacted respondents were older than 18 years. However, there are vulnerable people with disabilities who live in poverty and should be eligible for the pension scheme (IGNDPS) but are under the age of 18 years. One lady stated that she had two disabled and vulnerable children, implying that the age restriction should be eliminated so that vulnerable people with disabilities living in poverty can be eligible for the pension. One beneficiary stated that he knew someone who slept the entire time due to a spinal cord injury and required this type of disability pension. Therefore, it is certain that disabled people over the age of 18 are covered by the IGNDPS. The contacted beneficiaries are all between the ages of 19 and 88. People with disabilities who are 18 years and above are eligible to receive a monthly disability pension, according to standards established by the Government of India.

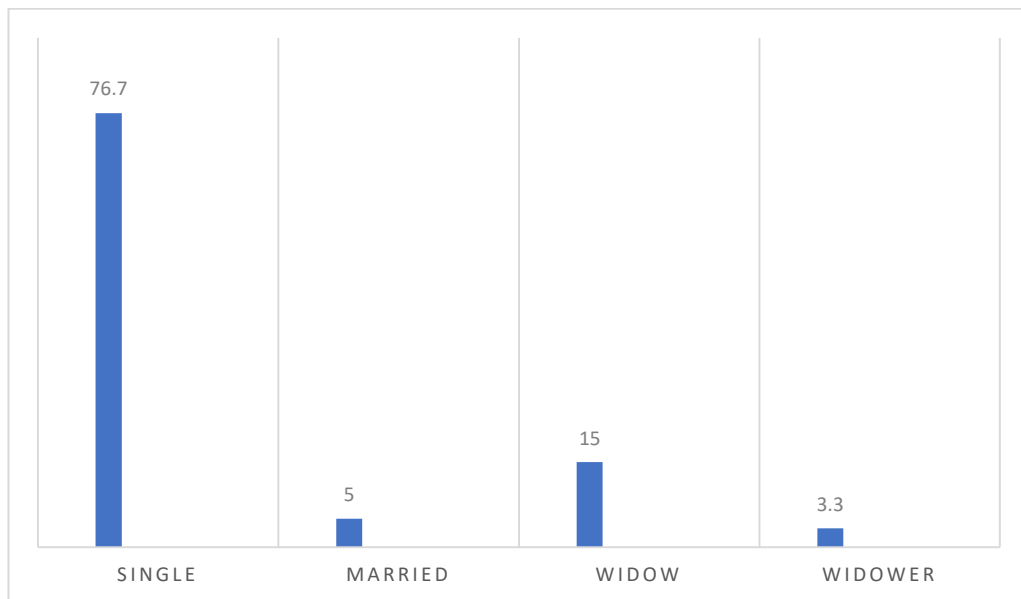
Chart 9 Distribution of beneficiaries based on gender



Source: *Field study conducted during the Month of December 2023 to March 2024.*

The above chart 9 shows that there are 46.3 percent (139 beneficiaries) of male beneficiaries and 53.7 (161 beneficiaries) percent of female beneficiaries. According to the survey data, there are more female beneficiaries than male beneficiaries. However, there is no third gender among the selected beneficiaries. Receiving a monthly pension is not significantly influenced by a person's gender.

Chart 10 Distribution of beneficiaries based on marital status



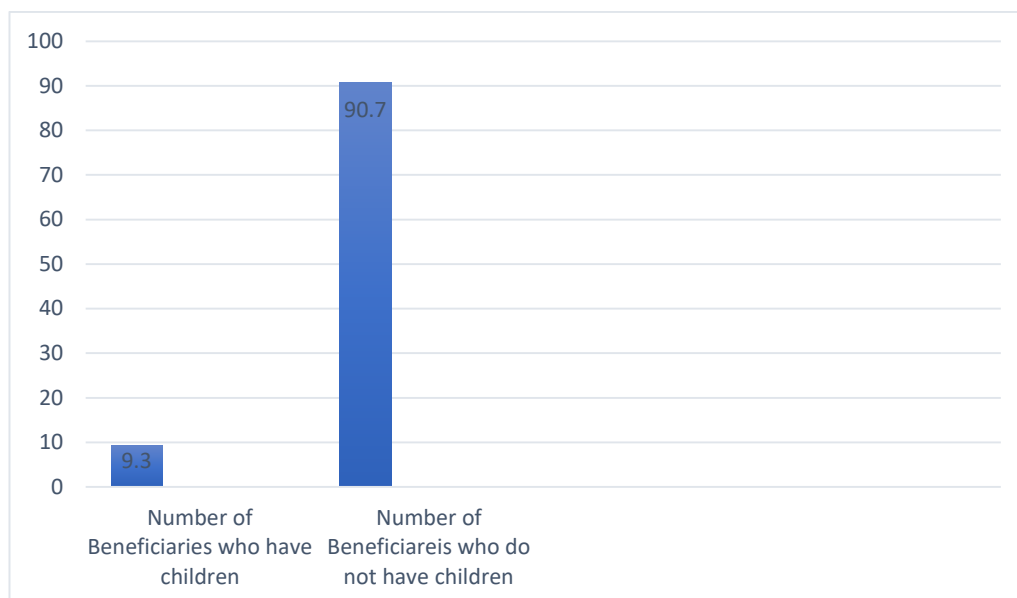
Source: *Field study conducted during December 2023 to March 2024.*

The above chart 10 indicates that 76.7 percent of the beneficiaries are unmarried and not planning to get married. The second-highest percentage of the beneficiaries—15.0 percent—are married. Widows make up 5 percent of the beneficiaries. Male beneficiaries who are separated or divorced make up 3.3 percent. From the above chart 10, it is clear that the majority of beneficiaries are unmarried.

Despite the efforts made by the Mizoram State Government to promote inclusive education, a large number of individuals with impairments do not receive a formal education, which impacts their decisions not to marry. People with disabilities often struggle to secure employment, leading to challenges in finding a suitable job. Disparities in job opportunities and limited access to healthcare are significant factors influencing individuals to remain unmarried. Many feel incapable of starting a family due to perceived shortcomings. Economic instability and poverty may also be contributing factors in their choice to not have children. Studies indicate that 25 percent of individuals with intellectual disabilities are deemed unsuitable for marriage, parenthood, or partnership. Though some individuals with intellectual limitations can maintain stable marriages and raise families, others face difficulties in

finding suitable partners.

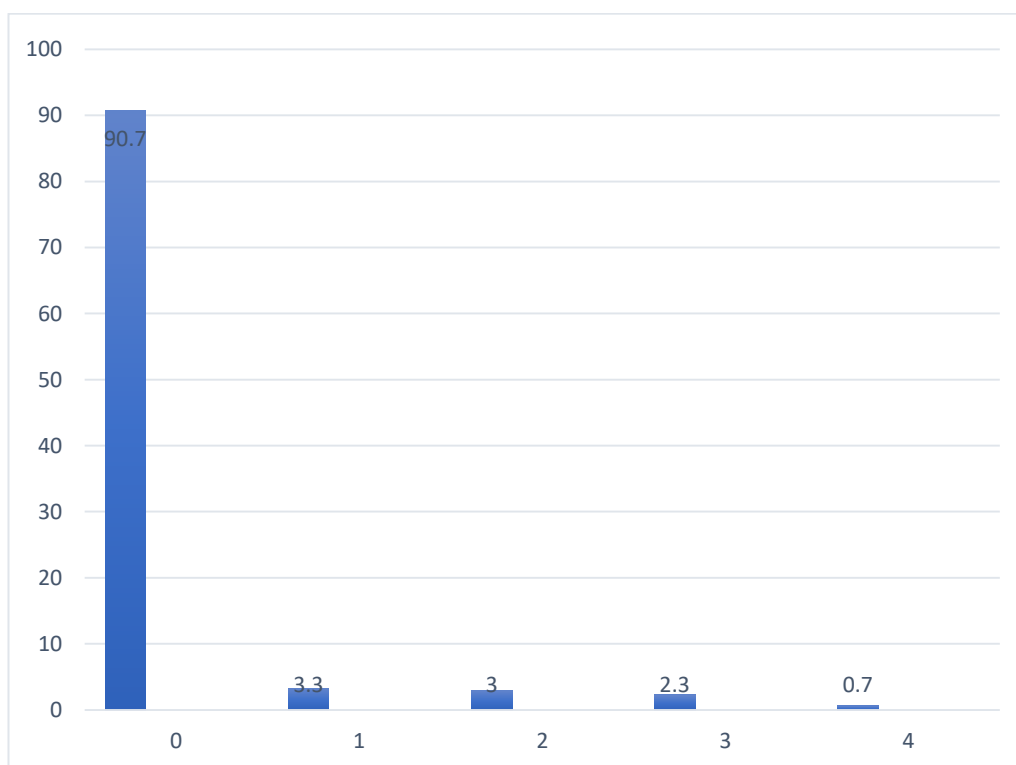
Chart 11 Distribution of beneficiaries based on children



Source: *Field study conducted during the Month of December 2023 to March 2024.*

The above chart 11 displays how many beneficiaries have children and how many do not have children. Among the beneficiaries, more than 90.7 percent do not have children, while 9.3 percent do. 15 percent of the beneficiaries are married, and 5.0 percent of the beneficiaries are widows. Therefore, it is not shocking that more than 9.3 percent of people with disabilities are parents. The majority of beneficiaries, as this data demonstrates, are single and childless. It is also clear that those receiving pensions for disability are not psychologically prepared to marry. For beneficiaries who are single, the impact of IGNDPS is therefore greater. Lack of education, lack of job opportunities, financial insecurity and unequal access to healthcare are key factors in individuals choosing not to marry.

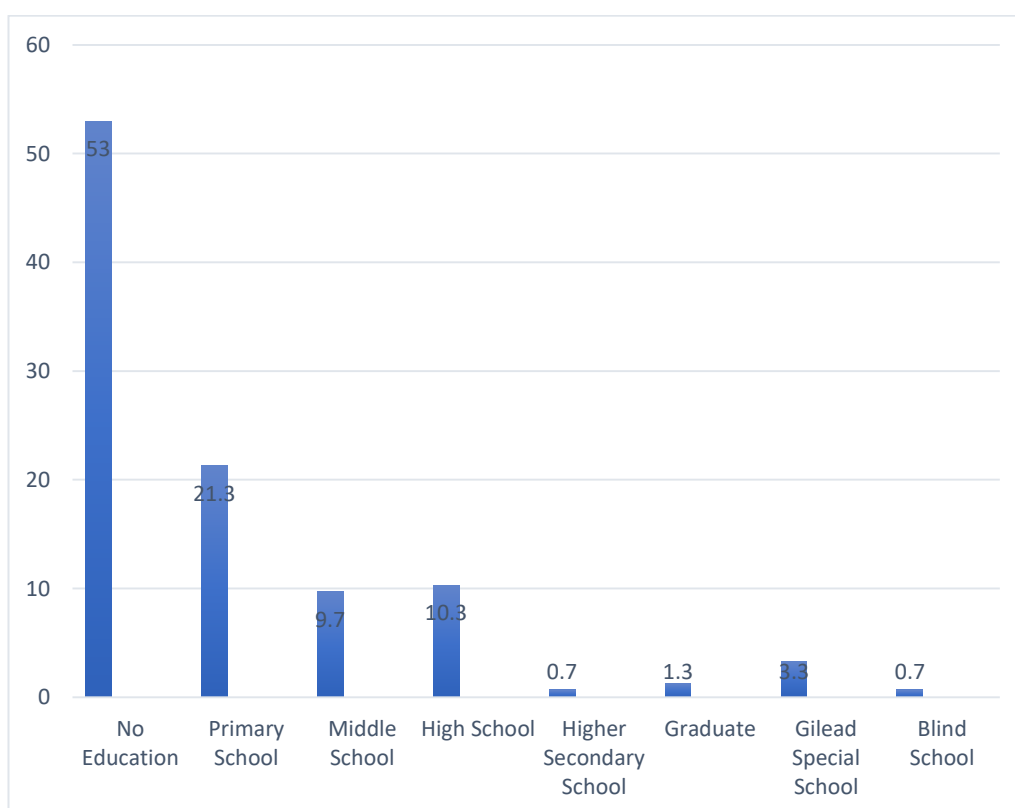
Chart 12 Distribution of beneficiaries based on the number of children



Source: *Field study conducted during December 2023 to March 2024.*

The above chart 12 shows that some beneficiaries marry and start families with their spouses. Nearly 3.3 percent of the beneficiaries are parents of one child. Two children are held by 3.0 percent of the beneficiaries. Three children make up 2.3 percent of the beneficiaries. Additionally, less than one percent of the beneficiaries are parents to four kids. Consequently, 90.7 percent of the beneficiaries are childless. The chart shows that 272 beneficiaries do not have children and 28 beneficiaries do. Only a minority of the contacted beneficiaries have children.

Chart 13 Distribution of beneficiaries based on educational qualification



Source: Field study conducted during December 2023 to March 2024.

The above chart 13 shows that among the 300 beneficiaries, 53.0 percent do not attend a formal institution, and those without an education make up the largest proportion. More than 21.3 percent of the beneficiaries attended primary school, making up the second-largest category and the largest among those who attended formal institutions. 10.3 percent of the beneficiaries attended high school, and less than one percent attended higher secondary school. 1.3 percent of the beneficiaries hold a graduate degree. It is worth noting that nearly 3.3 percent of the beneficiaries attended Gilead Special School in Mizoram, while less than one percent attended Blind School.

Many of the beneficiaries have no educational background due to a lack of awareness and incentive on the part of the government. Some people can read and write without even attending formal school. Some are taught by their parents and in their homes. Education is a means of developing the character and morale of individuals, including those with impairments. Surprisingly, there are specific

schools for blind people and people with impairments, which alleviates some of the load on parents of disabled children in Mizoram. One person stated that Gilead Special School was extremely important in shaping the lives of people with disabilities, and the teachers and instructors of the students worked tirelessly for the welfare of people with disabilities at Gilead Special School. The way Gilead Special School instructs people with disabilities and their students is extraordinary.

A few of the beneficiaries who attended a special school stated that they had no issues regarding the institution, the surroundings, or the teacher. Approximately 43 percent of the beneficiaries had grievances and concerns regarding their educational institutions. They stated that the administration of the schools had not provided special teachers and that the classrooms were not handicapped-accessible which indicated that the school did not provide accommodations for those with disabilities, including braille books, wheelchairs, crutches, glasses, hearing aids, slates, styluses, or special teachers. Problems include a lack of teachers, insufficient plans for people with disabilities, a deficiency of rest spots and accessible facilities, etc.

One beneficiary said that as a child, he received a formal education. A few of the available teachers took great care of him. Nevertheless, the school lacked any amenities. He therefore stopped going to school since his parents were too busy to enrol him in it. The majority of parents of disabled people are unaware that Mizoram has certain specific schools intended to educate people with disabilities. The IGNDPS had a greater impact on beneficiaries who did not receive schooling and a smaller impact on beneficiaries who did. Poverty may be pervasive among people with disabilities who do not receive an education. The majority of the beneficiaries were not enrolled in a special school for people with impairments.

Table 24 Distribution of beneficiaries based on place of study					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Don't Study	159	53.0	53.0	53.0
	Government Institution	127	42.3	42.3	95.3
	Private Institution	2	.7	.7	96.0
	Gilead Special School	10	3.3	3.3	99.3
	Blind School	2	.7	.7	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 24 shows the distribution of beneficiaries based on the place of study. To determine the beneficiaries' level of education, their places of study were questioned. According to data, 53.0 percent of the beneficiaries do not attend formal institutions or pursue education. More than 42.3 percent said they were enrolled in government institutions. 1.0 percent of the beneficiaries said they were enrolled in private schools. The fact that 3.3 percent of the beneficiaries went to Gilead Special School is particularly noteworthy. Less than one percent of the beneficiaries went to blind schools. While 53 percent of the beneficiaries do not attend school, 47 percent of the beneficiaries attend formal education.

Table 25 Distribution of beneficiaries based on religion					
		Frequency	Percent	Valid percent	Cumulative Percent
Valid	Christian	300	100.0	100.0	100.0

Source: Field study conducted during December 2023 to March 2024.

The above table 25 shows the distribution of beneficiaries based on religions. 100 percent of the beneficiaries identify as Christian. According to the survey data, there are no beneficiaries who identify as Hindu, Muslim, Jain, Sikh, or any other faith. Christianity is the most common religion, accounting for the majority in 11 districts of Mizoram. Mizoram is a Christian-majority state, hence all IGNDPS beneficiaries are Christians. IGNDPS does not affect Hindus, Muslims, Jains, and so on.

Table 26 Distribution of beneficiaries based on denomination					
		Frequency	Percent	Valid Percent	
Valid	Presbyterian Church of India (PCI)	216	72.0	72.0	72.0
	Baptist Church of Mizoram (BCM)	20	6.7	6.7	78.7
	Roman Catholic	2	.7	.7	79.3
	United Penticostal Church. Mizoram	13	4.3	4.3	83.7
	United Pentecostal Church. North East India	10	3.3	3.3	87.0
	Evangelical Church of Maraland (ECM)	8	2.7	2.7	89.7
	Lairam Isua Krista Babtist Kohhran (LIKBK)	8	2.7	2.7	92.3
	Pawlchhuak	1	.3	.3	92.7
	Sabbath	1	.3	.3	93.0
	Presbyterian Reformed Church in India (PRCI)	1	.3	.3	93.3

	Evangelical Church of India (ECI)	1	.3	.3	93.7
	Salvation Army	7	2.3	2.3	96.0
	KohhranThianglim	2	.7	.7	96.7
	Isua Krista Kohhran (IKK)	5	1.7	1.7	98.3
	Seventh-day Adventist	2	.7	.7	99.0
	Evangelical Free Church of India (EFCI)	3	1.0	1.0	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 26 shows the distribution of beneficiaries based on Denominations. The Presbyterian Church of India is the largest beneficiary denomination and 72 percent of the beneficiaries identify as Presbyterian church. The Baptist Church of Mizoram is the second most common denomination among beneficiaries and 6.7 percent identify as the Baptist church. 4.3 percent of the beneficiaries are members of the United Pentecostal Church Mizoram.

A significant number of churches in Mizoram are not disability-friendly, particularly those located in rural areas. Disabled-friendly environments are not commonly found within church premises or on church property. The majority of churches in urban areas of Mizoram are furnished with amenities and offer a handicapped-accessible environment within their premises. The Churches in Mizoram used to gather funds for people with disabilities, and each local village church member contributed to this fund. The Synod Conference of 1996 decided that

all local Presbyterian churches should commemorate Disability Day and make it mandatory to do so. The Presbyterian churches in Mizoram celebrate Disability Day on the third Sunday of June. Beginning in 2009, the Baptist Church of Mizoram has observed Disability Day annually. They mark Disability Day on the last Sunday of November.

Table 27 Distribution of beneficiaries based on family occupation					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Occupation	4	1.3	1.3	1.3
	Animal Husbandry	12	4.0	4.0	5.3
	Water Business	1	.3	.3	5.7
	Any Jobs	30	10.0	10.0	15.7
	Government Servant	17	5.7	5.7	21.3
	Tailoring	2	.7	.7	22.0
	Shopkeeper	7	2.3	2.3	24.3
	Metal Collector	1	.3	.3	24.7
	Vegetable Seller	4	1.3	1.3	25.7
	Mistiri	2	.7	.7	26.3
	Cobbler	1	.3	.3	26.7
	Belt Making	1	.3	.3	27.0
	Singer	2	.7	.7	27.7

	Farmer/Cultivator	215	71.7	71.7	99.7
	Fermented Pork Fat Seller	1	.3	.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 27 shows the distribution of beneficiaries based on family occupation. More than 1.3 percent of the beneficiaries do not work or earn a living. Animal Husbandry accounts for 4.0 percent of the family's occupation. Less than one percent of the family's primary source of income is the water business. 10.0 percent of the family said they used to work on any kind of job if it meant making money. Of the beneficiaries, 5.7 percent are reliant on government work such as part-time sweepers, Anganwadi Workers and others. Tailoring makes up point seven percent of the family's primary means of income. A shopkeeper makes up 2.3 percent of the family, while a metal collector makes up point three percent. 1.3 percent of the beneficiaries of the family sell vegetables. Mistiri makes up less than one percent of the family's primary occupation, cobbling accounts for less than one percent of the beneficiaries, and singing makes up less than one percent of the beneficiaries. The majority of the family (71.7 percent) is from the farming community, and farming is their primary occupation. Fermented pork fat sales account for point three of the family's primary source of income. Beneficiaries whose family works in agriculture or farming are more affected by the IGNDPS.

Table 28 Distribution of beneficiaries based on income sources					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Income	218	72.7	72.7	72.7
	Animal Husbandry	5	1.7	1.7	74.3
	Water Business	1	.3	.3	74.7
	Any Jobs	25	8.3	8.3	82.0
	Tailoring	5	1.7	1.7	84.7
	Shopkeeper	3	1.0	1.0	85.7
	Vegetable Seller	4	1.3	1.3	86.7
	Cobbler	1	.3	.3	87.0
	Singer	2	.7	.7	87.7
	Farmer/Cultivator	35	11.7	11.7	99.7
	Fermented Pork Fat Selling	1	.3	.3	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 28 shows the distribution of beneficiaries based on income sources. The table depicts that a small number of beneficiaries are self-sufficient and able to provide for their families. More than 72.7 percent of the beneficiaries do not have a source of income of their own and are unable to do so because they are unable to work. More than 1.7 percent of the beneficiaries' income comes from raising animals. More than 8.3 percent of the beneficiaries said they could work any job to

make money, and they did any available job. Tailoring is the primary source of income and occupation for 1.7 percent of the beneficiaries. 1.3 percent of the beneficiaries are regular vendors at the bazaar, selling vegetables. Shopkeepers make up 1.0 percent of the beneficiaries. The farming community, whose primary source of income is farming, make up the largest percentage and the highest population. It is clear that the largest percentage of beneficiaries, 11.7 percent are involved in farming.

Table 29 Distribution of beneficiaries based on income-generating activities					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	82	27.3	27.3	27.3
	No	218	72.7	72.7	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

As indicated in above table 29, more than 72.7 percent of the beneficiaries do not have any sources of income of their own, while 27.3 percent do. Additionally, this table demonstrates the validity and significance of the primary sources of data. Parents must engage in both within and outside the home income-generating activities since it lessens their load. Certain respondents can perform different activities that are necessary for their families. One beneficiary's primary source of income is tailoring, which she does for herself and her family. One beneficiary is a talented vocalist who uses her talent to support her family as they build their home and purchase necessities. It is quite moving to learn that one beneficiary is working in a private restaurant to support her parents and lead a healthy life while joyfully serving customers. Her presence in the restaurant is greatly welcomed by the owners and other staff members. One of the beneficiaries does household activities. Despite having an intellectual limitation, he works hard and provides for both himself and his parents, which is truly amazing.

From the above tables 28 and 29, it is clear that there are beneficiaries who have income sources or who can do/are involved in income-generating activities. The following are some of the beneficiaries who can be involved in income-generating activities for themselves, their families etc. Some of the photos taken during the survey with the approval of the beneficiaries or their guardians/parents are listed below.

Case Study 1 Animal Husbandry

More than 1.7 percent of the beneficiaries are involved in animal husbandry. One beneficiary is with her daughter and takes care of her. And her only source of income is raising chickens. She stated that due to her ailments or limitations, she was unable to perform farming or other types of work. One beneficiary is a pigger as well. However, things are different because she assists her family in raising pigs, and her family is aware of and grateful for her devotion to helping them.

One beneficiary has problems with locomotor disability. She can perform a variety of housekeeping tasks even though she is limited in her activities. She can sit in her wheelchair and cook for pigs. Her family's enormous piggery-related load is somewhat eased by her labour and efforts.



Both engage in agricultural and piggery farming to support themselves financially.

Case Study 2 Water Business

Only point three percent of the beneficiaries engage in water-related business ventures. The city of Aizawl, the capital of Mizoram, is particularly known for its thriving water business sector. People gather water from streams, rivers, or large storage tanks, and then sell it by the litre to customers. Among these, there is one individual with impaired vision. He has been on a quest to improve his eyesight for years, but the high costs associated with medical treatment from well-equipped doctors prevented him from doing so. However, he managed to start a water business, which provided him with a stable income, thereby improving his family's socioeconomic status and overall quality of life.



He assists his family by selling water.

Case Study 3 Tailoring

In Mizoram, one of the most common jobs is tailoring. In Mizoram, women make up the majority of those engaged in tailoring. The Mizoram state government also offers tailoring training to its citizens to create jobs and address the state's mounting employment issues. One woman (beneficiary) worked as a tailor in Mizoram's rural districts. She sold a lot of her goods to different clients or individuals. There was no sewing machine given to her. Despite her physical limitations, she continued to work and took great pleasure in her intense labour in her area of expertise—tailoring. She provided her parents with some financial assistance. She came across as content and committed to her work during the interview. Therefore, it is evident that some beneficiaries may engage in activities that generate revenue. One beneficiary worked as a tailor in Mizoram's rural areas, but the

equipment she used was too old and not in good enough condition to be put to use. She could therefore be extremely prolific if the Mizoram State Government were to provide her with a machine. Thus, her father proposed that the Mizoram State Government give each beneficiary access to a machine so they may engage in revenue-generating activities. Many vulnerable families are unable to purchase a tailoring machine for their family members who are INGDPS beneficiaries.



She works as a tailor, earns money, and is quite helpful to her family.

Case Study 4 Singers

Point seven percent of the beneficiaries of the Indira Gandhi National Disability Pension Scheme selected singing as their primary source of income, both for themselves and their families. One woman said that singing in public was her primary job. Her primary source of income was the drop box she placed in the street where she performed singing, to which passersby tuck change and notes. Despite having a visual impairment, she could move around, walk on stairs, perform home tasks and attend church.



She performs street singing in Aizawl City, where she makes money for her family.

Case Study 5 Fermented Pork Fat Selling

One woman's primary source of income in Aizawl City is the sale of fermented pork fat. Within her community, she has great popularity. She used the open area next to her home to do business. Numerous neighbours and community people stopped by to purchase her fermented pork. She took 200–250 rupees for a box of fermented pork. Additionally, she is very helpful to her family by using the money she made from fermented pork. Her physical limitations prevented her from engaging in other strenuous pursuits. In Mizo society, it is fairly customary to sell pork. Additionally, pig farming is a common household occupation in Mizoram.



She supports her family by selling fermented pork fat from her house.

Case Study 6 Vegetable Sellers

Vegetable vendors make up more than 1 percent of the beneficiaries. In Mizoram, selling vegetables is a relatively common job. Vegetables are supplied to the traders in the cities by the farming community in Mizoram's rural districts. Urban vegetable vendors are permitted to sell vegetables that they have purchased from dealers, provided they have a street vendor licence. The Aizawl Municipal Corporation issues licenses to street vendors. Selling vegetables in cities is one of the beneficiaries' primary jobs. Despite having suffered a spinal cord injury, she stated that selling vegetables was the only profession she could do to support her family and herself. The majority of vegetable vendors in Mizoram's cities held street vending licenses that were granted by the relevant authorities.



She earns money by selling vegetables on the street.

Case Study 7 Any Jobs

8.3 percent of the beneficiaries can engage in some kind of revenue-generating activity. Certain beneficiaries may engage in activities that generate revenue. These beneficiaries can do various jobs that satisfy them in addition to supporting their families. One beneficiary is diminutive and has locomotor disabilities. She is therefore unable to travel around freely, but she nevertheless assists her family in selling betelnuts and arecanuts. She is quite knowledgeable about the relevant authority as well as the RPWD Act of 2016. She used to have regular checkups from the doctor and the concerned authority knew her personally and had close coordination with the concerned authority.

One beneficiary resided in Mizoram's rural areas. She is inspired by someone and led a healthy lifestyle while working in the restaurant. She lived with her large her parents despite having intellectual difficulties. She is a great asset to the restaurant and her family. According to the restaurant's proprietor, she was deeply committed to the operations and offerings of the establishment. One beneficiary participates in numerous home tasks as well. She is able to support her family in the agriculture sector as well. Farming and livestock husbandry are the primary occupations of her family. Her family members truly admire her commitment to her family's business.



She supports her family by selling arecanuts.



He can do various home tasks including farming, which is very beneficial to his family.

Case Study 8 Shop Keeper

Shopkeeper accounts for more than 1 percent of the beneficiaries' employment. These beneficiaries were psychologically and physically capable of doing the shopkeeping tasks when confirmed as shopkeepers during the field survey. One beneficiary stated that she lived with her daughter and experienced locomotor problems. Her daughter was also quite helpful in helping her sell a few necessities.



She sells necessities in her shop for her family.

Table 30 Distribution of beneficiaries based on family income					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	1.0	1.0	1.0
	2500	11	3.7	3.7	4.7
	5000	202	67.3	67.3	72.0
	10000	51	17.0	17.0	89.0
	15000	12	4.0	4.0	93.0
	20000	6	2.0	2.0	95.0
	25000	6	2.0	2.0	97.0
	30000	4	1.3	1.3	98.3
	40000	4	1.3	1.3	99.7
	45000	1	.3	.3	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 30 clearly shows that one percent of the family does not earn any money each month. Rs.2500 is 3.7 percent of the family's monthly income. Rs.5000 is 67.3 percent of the family's household income. Rs.10000 is 17.0 percent of the family's monthly revenue. Rs.15000 is 4.0 percent of the monthly income of the household. Rs.20000 is 2.0 percent of the family's monthly income. Rs.25000 is 2.0 percent of the family's monthly income. Rs.30000 is 1.3 percent of the family's monthly income. Rs.40000 is 1.3 percent of the family's monthly income. Rs.450000

is less than one percent of the family's monthly income.

To assess the living conditions of the beneficiaries, the monthly household income is crucial. It was found that beneficiaries who had families with incomes exceeding thirty thousand had better living conditions. Furthermore, it was found that among the beneficiaries whose income is less than 10,000, the living conditions were worse than anticipated. These days, a family's monthly income is crucial for survival and for purchasing medicines that keep them healthy. Most people with impairments are incapable of surviving without the assistance of their relatives. To ascertain the beneficiaries' living circumstances, the family's monthly income was evaluated and assessed properly.

Table 31 Distribution of beneficiaries based on family size					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	13	4.3	4.3	4.3
	2	34	11.3	11.3	15.7
	3	36	12.0	12.0	27.7
	4	55	18.3	18.3	46.0
	5	55	18.3	18.3	64.3
	6	34	11.3	11.3	75.7
	7	30	10.0	10.0	85.7
	8	16	5.3	5.3	91.0
	9	13	4.3	4.3	95.3
	10	9	3.0	3.0	98.3

	11	1	.3	.3	98.7
	12	1	.3	.3	99.0
	13	3	1.0	1.0	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 31 clearly shows that more than 4.3 percent of the beneficiaries reside independently. More than 11.3 percent of the beneficiaries' household members constitute 2. 12.0 percent of the beneficiaries' household members constitute 3. 18.3 percent of the beneficiaries' household members represent 4. 18.3 percent of the beneficiaries' household members constitute 5. 11.3 percent of the beneficiaries' household members constitute 6. 10.0 percent of the beneficiaries possess 7 family members.

5.3 percent of the beneficiaries' household members constitute 8. 4.3 percent of the beneficiaries' family members equates to 9. 3.0 percent of the beneficiaries' total number of family members is 10. Less than one percent of the beneficiaries' family members corresponds to 11. Less than one percent of the beneficiaries' family size is 12. 1.0 percent of the beneficiaries' family size is 13. Therefore, Among the four or five members of the family, IGNDPS has the most impact.

Table 32 Distribution of beneficiaries based on disability certificate					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, I have	230	76.7	76.7	76.7
	No, I don't have	42	14.0	14.0	90.7
	I don't know	27	9.0	9.0	99.7
	I lost it	1	.3	.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 32 shows the distribution of beneficiaries based on disability certificates. To be eligible for benefits, a disability certificate is required. The Directorate of Social Welfare and Tribal Affairs is solely responsible for issuing these certificates. The certificate must include the doctor's signature on it. An official Disability Certificate serves as evidence that the individual obtaining it is disabled. It is a certificate that fully lists the beneficiaries' vital information, including their type and percentage of disability. The significance of the Disability Certificate must be understood by the parents of the beneficiaries.

People with disabilities must present a Disability Certificate to receive benefits. 76.7 percent of the beneficiaries have disability certificates. Less than one percent of the beneficiaries stated that they had a disability certificate previously, but they had misplaced it and were unsure of its current location. According to 14.0 percent of the beneficiaries, a disability certificate is still something they do not have. A few of the beneficiaries can only state that the Social Welfare Department provided them.

Some of the beneficiaries reported that they obtained their Disability Certificate from the Directorate of Social Welfare and Tribal Affairs, Government of Mizoram, through the Civil Hospital in Aizawl. Some of the beneficiaries said that, with the assistance of the relevant department at Zoram Medical College, they obtained a disability certificate. As per the report of some of the beneficiaries, the relevant department assisted them in obtaining a disability certificate from Durtlang Synod Hospital.

Persons with disabilities must undergo medical testing at an accredited hospital, and in such cases, their parents must assist them. They were also instructed on the necessary actions to take by the Anganwadi Workers, Mizoram Upa Pawl, and Village Council members. Additionally, the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, granted them upon the completion of all medical examinations by individuals with disabilities. Additionally, if disabled individuals are unable to visit the department and pick up their certificate, the Disability Certificate is provided to the village-level members of Mizoram Upa Pawl, Anganwadi Workers, and VCP members.

Less than one percent of the beneficiaries said that family members informed them about the IGNDPS. 45.7 percent of the beneficiaries claimed to have learned about the IGNDPS from Mizoram Upa Pawl. 21.7 percent of the beneficiaries said that Anganwadi Workers were the source of their information about the IGNDPS. 32.3 percent of the beneficiaries said that Village Council members were the source of their information about the IGNDPS. It is impressive how committed and helpful the three village-level officials in Mizoram—Village Council Members, Anganwadi Workers, and Mizoram Upa Pawl—are to the welfare of the IGNDPS respondents in their community.

Table 33 Distribution of beneficiaries based on sources of IGNDPS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Family Members	1	.3	.3	.3
	Mizoram Upa Pawl (MUP)	137	45.7	45.7	46.0
	Anganwadi Workers (AWWs)	65	21.7	21.7	67.7
	Village Council Members (VC)	97	32.3	32.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

Point three percent of the beneficiaries said that family members informed them about the IGNDPS. 45.7 percent of the beneficiaries claimed to have learned about the IGNDPS from Mizoram Upa Pawl. 21.7 percent of the beneficiaries said that Anganwadi Workers were the source of their information about the IGNDPS. 32.3 percent of the beneficiaries said that Village Council members were the source of their information about the IGNDPS.

Overview

The present chapter highlighted the socio-demographic details of the respondents/beneficiaries such as the age group of the beneficiaries, gender-wise category of beneficiaries, marital status, educational qualification, denomination, social category such as BPL, APL, AAY, PHH, religion of the beneficiaries, income generating activities of the beneficiaries, family members of the beneficiaries, number of beneficiaries who have their owned house or rented house, identification with PwDs with their different type of disabilities, impact of the IGNDPS on the health status and condition of the beneficiaries, how useful is the scheme for the beneficiaries, impact of the IGNDPS on the social status of the beneficiaries, the impact of the IGNDPS on the financial status of the beneficiaries, number of beneficiaries who found the pension scheme adequate and inadequate, number of beneficiaries who found the pension regular or irregular, number of beneficiaries who found the selection and replacement process very rigid or not rigid, awareness generation level.

Chapter-VI

RESULTS & DISCUSSION

Chapter VI highlighted the findings from the study of the Indira Gandhi National Disability Pension Scheme. The study was done to find out the organizational structure and functions of the implementing agency- Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, the implementation process of the scheme, the impact of Indira Gandhi National Disability Pension Scheme on the socio-economic conditions of the beneficiaries, the socio-demographic details of the beneficiaries and the problems and challenges faced by the beneficiaries and the functionaries. Direct Personal interview was conducted with 300 beneficiaries. The people were asked about IGNDPS and how they viewed the scheme to assess the community's perception of IGNDPS and the beneficiaries. All 11 districts in Mizoram were visited and beneficiaries were interviewed by using a semi-structured interview schedule and questionnaires. The responsible administrative officials such as District Social Welfare Officers, Officials of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram and other responsible functionaries such as Anganwadi Workers, Staff in DSWO, and Village Council Members were interviewed personally. Therefore, the research findings and discussion of the findings are below.

Table 34 Distribution of beneficiaries based on social category					
		Freque ncy	Percent	Valid Percent	Cumulative Percent
Valid	Antyodaya Anna Yojana (AAY)	91	30.3	30.3	30.3
	Below Poverty Line (BPL)	159	53.0	53.0	83.3
	Above Poverty Line (APL)	38	12.7	12.7	96.0
	Priority Households (PHH)	12	4.0	4.0	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 34 reveals that more than 30.3 percent of the beneficiaries, fall under the category of AAY. The highest percentage of beneficiaries, nearly 53.0 percent, are classified as BPL. The third-highest percentage of beneficiaries, more than 12.7 percent, are classified as APL. The lowest percentage of beneficiaries, nearly 4.0 percent, are covered by PHH.

Examples of ration cards include Priority Household (PHH), AntyodayaAnna Yojana (AAY), Below Poverty Line (BPL), and Above Poverty Line (APL). PHH and AAY ration cards are issued following the National Food Security Act of 2013. BPL and APL are issued through the Targeted Public Distribution System (TPDS) Regime. It is noteworthy to remark that PHH Card Holders are eligible to purchase subsidized food grains at a monthly maximum of 5 kilograms per family member. The Reserve Bank of India (RBI) sets the price of food grains. AAY Ration card users may be eligible for discounted pricing on up to 25 kilograms of food each month.

A few beneficiaries stated that the Mizoram government was unable to provide them with an AAY ration card, even if they would like one, because of seat restrictions. The beneficiaries of the IGNDPS must be below the poverty line, according to regulations issued by the Ministry of Rural Development, Government of India. However, statistics indicate that a subset of beneficiaries fall into the Above

Poverty Line group. Upon the commencement of the NSAP schemes, the village-level functionaries proposed several indigent people to be beneficiaries of IGNDPS. Furthermore, the study revealed that those with disabilities who fall under the APL category and are eligible for IGNDPS are extremely vulnerable and should be granted this benefit.

Table 35 Distribution of beneficiaries based on health status					
		Freque ncy	Perce nt	Valid Percent	Cumulative Percent
Valid	Go od	171	57.0	57.0	57.0
	Bad	129	43.0	43.0	100.0
	Tot al	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 35 illustrates the health status of the beneficiaries. 57.0 percent of the beneficiaries said that they were in good health and had no major health issues. 43.0 percent of the beneficiaries said they had some health issues and were not in good health. The lives of the beneficiaries are severely hampered by a variety of illnesses and disabilities, including kidney problems, nerve problems, spinal cord problems, locomotor disabilities, typhoid, mental retardation or intellectual disability, dwarfism, breast cancer, urinary issues, blindness, low vision, multiple disabilities, etc.

Table 36 Distribution beneficiaries based on types of disabilities					
		Frequ ncy	Perce nt	Valid Percent	Cumulative Percent
Valid	Intellectual Disability	75	25.0	25.0	25.0
	Locomotor Disability	47	15.7	15.7	40.7
	Spinal Cord Injury	6	2.0	2.0	42.7
	Paralysis	6	2.0	2.0	44.7
	Deafness	20	6.7	6.7	51.3
	Neuropathic Pain/Neuralgia	3	1.0	1.0	52.3
	Intellectual Disability + Dwarfism	2	.7	.7	53.0
	Intellectual Disability + Speech & Language Disability	11	3.7	3.7	56.7
	Intellectual Disability + Hearing Impairment	15	5.0	5.0	61.7
	Hearing Impairment + Speech & Language Disability	35	11.7	11.7	73.3
	Speech & Language Disability	7	2.3	2.3	75.7
	Locomotor Disability + Intellectual Disability + Speech & Language Disability	2	.7	.7	76.3
	Low Vision + Locomotor Disability	1	.3	.3	76.7
	Low Vision + Intellectual	4	1.3	1.3	78.0

	Disability				
	Cerebrovascular Accident	1	.3	.3	78.3
	Intellectual Disability + Locomotor Disability	9	3.0	3.0	81.3
	Low Vision + Hearing Impairment	2	.7	.7	82.0
	Low Vision	7	2.3	2.3	84.3
	Lumbar Radiculopathy	3	1.0	1.0	85.3
	Muscular Dystrophy	2	.7	.7	86.0
	Epilepsy/Seizures/Convulsion	3	1.0	1.0	87.0
	Down syndrome	1	.3	.3	87.3
	Cerebral Palsy + Intellectual Disability	1	.3	.3	87.7
	Typhoid	5	1.7	1.7	89.3
	Thrombosis	1	.3	.3	89.7
	Intellectual Disability + Hearing Impairment + Speech & Language Disability	4	1.3	1.3	91.0
	Dwarfism	5	1.7	1.7	92.7
	Intellectual Disability + Physical Disability	8	2.7	2.7	95.3
	Intellectual Disability + Deafness + Locomotor Disability	2	.7	.7	96.0
	Dwarfism + Intellectual Disability + Speech	1	.3	.3	96.3

	& Language Disability				
	Brain Disorder	1	.3	.3	96.7
	Breast Cancer	1	.3	.3	97.0
	Cerebral Palsy	3	1.0	1.0	98.0
	Dermatosis + Cheilitis	1	.3	.3	98.3
	Total Blindness	5	1.7	1.7	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

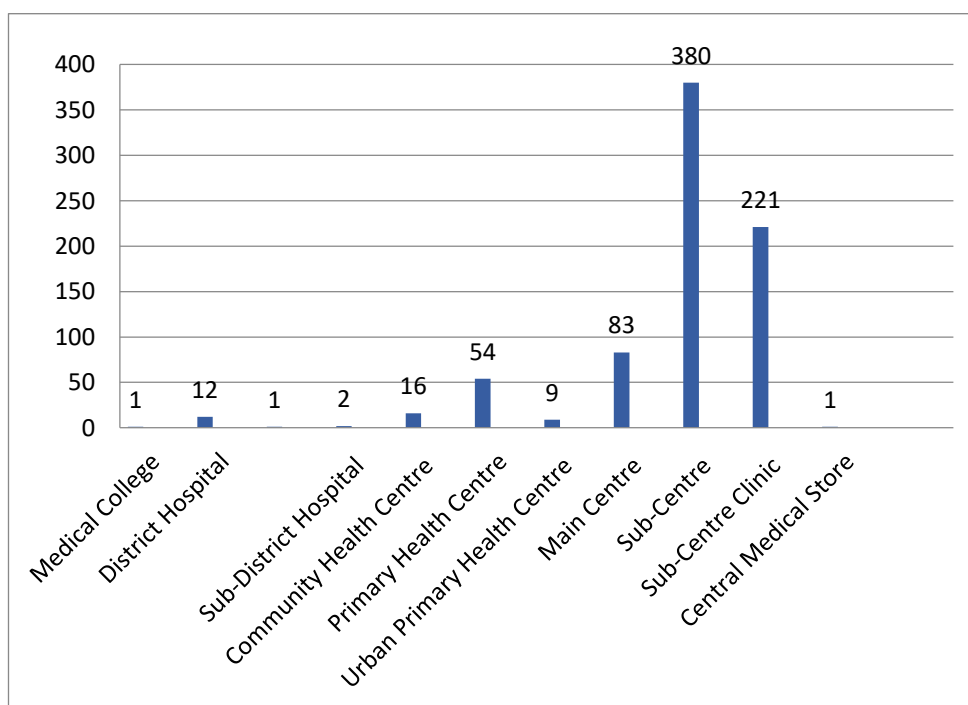
The above table clearly indicates that different kinds of people with disabilities have various problems and disabilities. Since a few of them were unable to present their disability certificates during their visit, their conditions were noted and observed throughout the interview. Additionally, their issues were specifically noted and matched the categories of disabilities specified under the RPWD Act of 2016. Nearly 25.0 percent of the beneficiaries have an intellectual disability. More than 15.7 percent of the beneficiaries have locomotor disability. Nearly 2.0 percent of the beneficiaries have an intellectual disability. Nearly 2.0 percent of the beneficiaries have spinal cord problems. Nearly 2.0 percent of the beneficiaries have paralysis. More than 6.7 percent of the beneficiaries are deaf. Around 1.0 percent of the beneficiaries have Neuropathic pain. Less than one percent of the beneficiaries have both intellectual disability and dwarfism. More than 3.7 percent of the beneficiaries have both intellectual disability and speech & language disability. Nearly 5.0 percent of the beneficiaries have an intellectual disability and hearing problems. More than 11.7 percent of the beneficiaries have hearing problems and speech & language disability.

Nearly 2.3 percent of the beneficiaries have speech & language disability. Less than one percent of the beneficiaries have a locomotor disability, intellectual disability, and speech and language disability. Less than one percent of the beneficiaries have low vision and locomotor disability. More than 1.3 percent of the beneficiaries have low vision and intellectual disability. Less than one percent of the beneficiaries have a cerebrovascular accident. Nearly 3.0 percent of the beneficiaries

have an intellectual disability and locomotor disability. Less than one percent of the beneficiaries have low vision and hearing problems. More than 2.3 percent of the beneficiaries have low vision. 1.0 percent of the beneficiaries have lumbar radiculopathy. Less than one percent of the beneficiaries have muscular dystrophy.

Nearly 1.0 percent of the beneficiaries have epilepsy. Less than one percent of the beneficiaries have Down syndrome. Less than one percent of the beneficiaries have cerebral palsy and intellectual disability. More than 1.7 percent of the beneficiaries have typhoid. Less than one percent of the beneficiaries have thrombosis. 1.3 percent of the beneficiaries have intellectual disability, hearing impairment, and speech and language disability. 1.7 percent of the beneficiaries have dwarfism. 2.7 percent of the beneficiaries have intellectual disability and physical disability. Point three percent of the beneficiaries have dwarfism, intellectual disability, and speech & language disability. Less than one percent of the beneficiaries have brain disorders. Point three percent of the beneficiaries have breast cancer. 1.0 percent of the beneficiaries have cerebral palsy. Point three percent of the beneficiaries have dermatosis. 1.7 percent of the beneficiaries are blind.

Chart 14 Status of Health Infrastructures in Mizoram



Source: *Important Achievements of Health & Family Welfare Department Directorate of Health Services e-BOOK Important Achievements of Various Programmes under Health & Family Welfare Department Government of Mizoram (2023-2024). Accessed on 13, 3,2024. Retrieved from <https://health.mizoram.gov.in/>.*

The above chart 14 shows the health infrastructure facilities such as Medical College, District Hospitals, State Cancer Research Institute, Sub District Hospital, Community Health Centre, Primary Health Centre, Subcentre etc. Mizoram, traditional healers like Bawlpu, Sadawt, and Tlahpawiare considered ritual healers. Bawlpu is a priest who performed rituals to cure people of their illnesses. Evil spirits are considered the source of diseases. Therefore, Bawlpu performed rituals to make all the evil spirits happy to prevent and cure people of diseases. We have medicinal plants that were used in the Mizo society in the past; some are still used today to cure people. One of the medicinal plants is Thuamriat (*Alstonia field*) which is effective in treating high blood pressure and wound healing. Chhawntual (*Aporusa*) is used to treat stomachache, diarrhoea, etc., Khamdamdawi (*Bergenia ciliata*) is used to treat ulcers and mouth sores, Hnahkhiah (*Callicarpa arborea* is used to treat mouth and stomach pain), Lambak (*Centells asiatica*) is used to treat dyahrya, colds, Thasuih

(Linderniaruelloides) is used to treat swelling, sprains and fractures, Kaihzawl (Dilleniapentagyna) is used to treat diabetes, stomachache and bone diseases, Pasaltakaza (Helicia Robusta) is used to treat mentally retarded women, Ailaidum (Curcuma caesia) is used to relieve sprains and fractures.

By encouraging healthy lifestyle choices, supporting immunisations, and offering routine examinations and screenings, primary health care centres play an imperative role in the prevention of illness and disease. Because primary health care is usually provided in nearby clinics or health centres, it is frequently the most easily available type of medical care. Primary health care centres can help prevent the need for more costly and specialised care by managing and detecting illnesses early on. This can save costs for both patients and healthcare systems. The areas that the Primary Health Centre in Mizoram focuses on are health education, national health programs, when applicable, referral services, and training for health guides, health workers, local dais, and health assistants.

Table 37 Distribution of beneficiaries based on mode of payment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bank Account	300	100.0	100.0	100.0

Source: Field study conducted during December 2023 to March 2024.

The above table 35 demonstrates the mode of payment of pension. The beneficiaries of the IGNDPS are only paid through bank accounts. The pension is directly deposited into the beneficiaries' accounts by the authority. There is no cash or other form of payment for the pension. The Directorate of Social Welfare and Tribal Affairs, Government of Mizoram, plays a tremendous role in this regard. The form of payment is very vital to receive the pension. Every beneficiary has a Mizoram Rural Bank bank account. The beneficiaries can conveniently receive their monthly pension from the closest automated teller machine once the amount is issued straight into Mizoram Rural Bank. No beneficiary receives their pension each month

via Post Office Cheques or any other provider. Despite beneficiary complaints regarding pension funds, it's encouraging to know that every single one of them has a bank account under Mizoram Rural Bank.

In January 2013, the Government of India implemented the Direct Benefit transfer, or DBT, system to streamline the transmission of government-provided subsidies in India. The government implemented the program to enhance the delivery system and reform existing welfare scheme procedures. DBT intends to transmit subsidy benefits from several Indian social schemes directly to beneficiaries' bank accounts. To receive DBT benefits, beneficiaries must link their bank account to their Aadhaar number.

The Government of India transfers the money to each beneficiary directly via the Direct Benefit Transfer cash transfer program. Under the Direct Benefit Transfer scheme, the Government directly transfers the money to the individual beneficiaries. The cash can be directly transferred to the beneficiary's account. The State Treasury Account can be used to transfer cash. The implementing agency appointed by the Government can make cash transfers. The state or central Government can make the cash transfer.

Table 38 Distribution of beneficiaries based on functionaries					
		Freque ncy	Perce nt	Valid Percent	Cumulative Percent
Val id	Anganwadi Workers (AWWs)	78	26.0	26.0	26.0
	Village Council Member (VC)	85	28.3	28.3	54.3
	Mizoram Upa Pawl (MUP)	137	45.7	45.7	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 38 demonstrates the functionaries of IGNDPS. Nearly 26.0 percent of the beneficiaries reported that Anganwadi Workers are the local level functionaries. Village Council members are the local level officials, according to

more than 28.3 percent of the beneficiaries. More than 45.7 percent of the beneficiaries reported that the local-level functionaries are Mizoram Upa Pawl members. Anganwadi workers are highly valuable employees at the village and local levels since they are crucial representatives of the DSW&TA, Government of Mizoram. After compiling the list of disabled people, they visited them. Even though it is not their responsibility to compile the names of people with disabilities, they willingly collaborate with the relevant department to complete the crucial assignment and provide the crucial service. Therefore, the assistance provided by Anganwadi Workers at the village level to the beneficiaries of Indira Gandhi National Disability Pension scheme is exceptional for the people and society. At the village level, Mizoram Upal Pawl provided direct information on the IGNDPS to the beneficiaries. Every village in Mizoram has a vital role to play in gathering and choosing disabled people so they can receive benefits from the IGNDPS.

Table 39 Distribution of beneficiaries based on level of awareness					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Very Good	2	.7	.7	.7
	Good	243	81.0	81.0	81.7
	Good nor Bad	1	.3	.3	82.0
	Very Bad	35	11.7	11.7	93.7
	Bad	19	6.3	6.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The able table 39 reveals that nearly 81.0 percent of the beneficiaries provided answers indicating a good level of awareness, which is impressive. This demonstrates how effectively local-level employees are carrying out their duties and how district and state-level authorities are collaborating to ensure the welfare of the beneficiaries. More than 11.7 percent of the beneficiaries said that the authority hardly ever carried out the awareness generation program, that the level of awareness generation was extremely low, that they were unaware of the monthly pension scheme, that they were unaware of when to check their accounts, and so on. More

than 6.3 percent of the beneficiaries said that the authority's level of awareness generation was appalling. Less than one percent of the beneficiaries, however, stated that the level of awareness was excellent. Point three percent of the beneficiaries were unsure about the level of awareness. A program to raise awareness about this specific initiative is crucial. Members of the village council, Mizoram Upa Pawl, and Anganwadi workers all did a fantastic job raising awareness by going to the houses of the beneficiaries or those with disabilities. They are crucial representatives of the accountable department. Their engagement and participation are essential for the initiative to be implemented more effectively. Some of the beneficiaries claimed that there is insufficient awareness. Most of the beneficiaries stated that there was good awareness of the IGNDPS. A few of the beneficiaries expressed uncertainty about the quality of awareness generation.

Table 40 Mode of creating awareness

Sl.No	Attributes	Percentage
1	News Paper	14(42)
2	Radio	Nil
3	Television	33.7 (101)
4	Internet Websites	27 (81)
5	Facebook	Nil
6	WhatsApp	42(126)
7	Utube	6.3 (19)

Source: *Field study conducted during December 2023 to March 2024.*

The above table 40 reveals that approximately 14 percent of the beneficiaries or their parents stated that the relevant authority primarily used News Paper as a means of raising public awareness. Over 33.7 percent of the beneficiaries stated that

they learnt about the program from television. Websites on the internet provided the information to 27 percent of the beneficiaries. 42 percent of the beneficiaries said they got departmental updates and awareness through WhatsApp.

The Utube channel provided information and awareness to around 6.3 percent of the beneficiaries. Approximately 10.3 percent of the beneficiaries reported being unable to assign authority to the awareness-generating mode. The bulk of Anganwadi workers who are field-level officials and who are in-charge of overseeing the successful implementation of the IGNDPS received information from the government via WhatsApp. The authorities initially sensitised information through field or ground-level functionaries, who later sensitised information to the beneficiaries.

Every month, the Health and Family Welfare Department, Government of Mizoram published "Hriselna Chanchinbu". Mass Education & Media printed and distributed 5500 copies between 2023 and 2024. This newspaper was distributed both inside and outside Mizoram. All of the Health Department's key operations were presented and covered on video and still cameras, which were then broadcast to the public via cable TV channels such as Zonet, LPS, DDK, and so on. The local newspaper routinely covered the Health Department's news and activities.

Table 41 Distribution of beneficiaries based on verification					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	94	31.3	31.3	31.3
	Once a year	206	68.7	68.7	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 41 reveals that more than 31.3 percent of the beneficiaries were unable to determine the number of times the authority conducted a verification program in a given year. However, more than 68.7 percent of the beneficiaries said that the government only conducted annual verification programs. It's encouraging to

learn that over 50 percent of the beneficiaries acknowledged the government's verification program. The Indira Gandhi National Old Age Pension Scheme (IGNOAPS) beneficiaries can be verified with the use of Mizoram Upa Pawl members, which enables the relevant government to obtain a list of beneficiaries. It is crucial to note that Mizoram Upa Pawl members also choose the IGNDPS and IGNOAPS beneficiaries at the village level. Village Councils, both local and village level, are crucial since their members are aware of the program and have firsthand knowledge of the beneficiaries in their village. The primary local authorities in charge of the IGNDPS are Mizoram Upa Pawl and Anganwadi Worker. Anganwadi workers, as previously said, carried out the duties delegated to them by the higher authorities. The Directorate of Women and Child Development, Government of Mizoram, which is independent and distinct from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram is in charge of overseeing Anganwadi Workers. However, Anganwadi Workers are the designated caretakers for the welfare of IGNDPS beneficiaries in Mizoram since they possess the expertise and capacity to identify, locate, and register people with disabilities. The Mizoram Upa Pawl members collaborated with the Government of Mizoram's DS&TA to carry out the tasks allocated to them concerning the identification, verification, and gathering of individuals with disabilities to become beneficiaries. Due to a lack of personnel, the District Social Welfare Offices faced problems in verifying the addresses of all the beneficiaries, who resided in various districts and villages. Therefore, the Department is actively represented by key village actors like MUP, AWWs, and VC.

Even though some of the beneficiaries of IGNDPS reported that verification and awareness generation had been carried out by the responsible authority, the majority of the beneficiaries are not aware of the social audit. To promote transparency, accountability and people's participation in the National Social Assistance Programme (NSAP), the conduct of Social Audits was highlighted in its guidelines (NSAP Guidelines, 2014, as amended from time to time).

A social audit is an audit that is conducted by the people, especially by those people who are affected by the scheme or are the intended beneficiaries of the

scheme being audited and facilitated by the Government. Hence, a Social Audit can be described as verification of the implementation of a programme/scheme by the community with the active involvement of the primary stakeholders. This is done by comparing official records with actual ground realities, with the participation of the community in the verification exercise and by reading out the findings of the verification exercise aloud on a public platform. The social audit process also examines whether the money was spent properly. To formalize the process and ensure its smooth implementation, the Social Audit Guidelines were issued in 2019. The present Guidelines replace and supersede the earlier NSAP Guidelines on Social Audit. Social Audit of NSAP is a mandatory process where potential and existing beneficiaries evaluate the implementation of a programme by comparing official records with ground realities.

Table 42 Distribution of beneficiaries based on other schemes					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.3	.3	.3
	No	299	99.7	99.7	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 42 reveals that nearly point three percent of the beneficiaries said they had received other funding from the state or the central government. However, more than 99.7 percent of the beneficiaries said they had not received any other state or central assistance. This is a result of seat limitations. While the majority do not still receive assistance from other programmes, some beneficiaries received wheelchairs and hearing aids from the relevant department of the Government of Mizoram, DSW&TA. However, there are deserving beneficiaries who do not receive assistance and who require a wheelchair and hearing aids. One beneficiary had a locomotor disability and walked around with a staff that was crafted by hand. One beneficiary stated that he needed a wheelchair because the one he was given was too small and unsuitable for his needs. One beneficiary also mentioned that the wheelchair he was given was too tiny and that he required a larger

one.

Table 43 Distribution of beneficiaries based on health checkup					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Regularly	22	7.3	7.3	7.3
	Occasionall y	239	79.7	79.7	87.0
	Never	39	13.0	13.0	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 43 reveals that more than 7.3 percent of the beneficiaries had routine medical examinations. More than 79.7 percent of the beneficiaries had sporadic medical examinations. 13.0 percent of the beneficiaries said they had never had a physical examination. Beneficiaries stated that they were unable to routinely afford to visit the hospital for checkups. A portion of the beneficiaries resided in rural areas. One beneficiary stated that she used to feel like throwing up and that her health prevented her from using a car or other forms of transportation. One person (family member of one beneficiary) stated that it was difficult to take his brother (PwD) to the closest hospital because his village was too far away from it and his family could not afford to do so.

However, beneficiaries such as those with spinal cord injuries, require routine medical examinations. Some beneficiaries were unable to receive timely medical attention and health checks due to financial problems, which negatively had impacts on their health. Amazingly, some of the family members of the beneficiaries understood the value of routine health exams for their disabled children, took the appropriate action on time, and were skilled at caring for their patients. However, it was found that that some parents did not understand the value of regular checkups and medications, and they did not show interest in learning about the health issues that their patients or people with disabilities were facing.

Table 44 Distribution of beneficiaries based on the way they spent					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Medicin e	201	67.0	67.0	67.0
	Food	98	32.7	32.7	99.7
	Others	1	.3	.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 44 reveals that nearly 67.0 percent of the beneficiaries said they used their pension funds to purchase prescription drugs for their health. The use of pension funds for medical expenses is excellent and noteworthy. This is the IGNDPS's primary goal. It's also excellent to note that more than 32.7 percent of the beneficiaries said they used their pension funds to purchase food for their health. The beneficiaries utilized their monthly pension quite well, and they were truly grateful to the State Government and the responsible employees for providing them with it. Since they belong to the most vulnerable segment of society, the State Government of Mizoram must provide them with assistance and support, as the majority of them cannot survive without the support of the government of Mizoram. Some of the beneficiaries used their pension funds to purchase food and other essentials. Many of them used their pension funds to purchase medications. It is remarkable that the Government of India and the State Governments indirectly supply the IGNDPS beneficiaries with necessities like food and medicine. India is a welfare state where the needy people receive financial assistance, food, medical care, etc.

India is a prime example of a government where the state actively works to advance the welfare of its citizens to foster their financial and economic advancement. Despite the extremely low pension provided by the IGNDPS, it has been seen that beneficiaries utilized it to further their health. Given that the pension funds are utilized wisely by the beneficiaries, the IGNDPS might be said to be somewhat effective. An increase in pension funds is vital since it will benefit beneficiaries' health conditions more and enable them to purchase higher-quality

food and medications for their well-being. Humans depend on money to attain the things they need. It is their lifeline. Thus, the IGNDPS is essential to advancing the well-being of the beneficiaries in Mizoram.

Table 45 Distribution of beneficiaries based on IGNDPS's usefulness					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	30	10.0	10.0	10.0
	Strongly Agree	234	78.0	78.0	88.0
	Agree	36	12.0	12.0	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 45 reveals that nearly 10.0 percent said they were unable to determine if the IGNDPS was very helpful or not. The statement was strongly agreed upon by nearly 78.0 percent of the beneficiaries. 12.0 percent of the beneficiaries thought the IGNDPS was helpful. Indeed, it is crucial to understand if the beneficiaries or their parents benefit from the IGNDPS. According to the view of the beneficiaries, the government of Mizoram made an effort to give them a monthly pension, even though it is too little and difficult to receive satisfaction from it. Thus, in general, the pension that the beneficiaries receive each month is satisfactory to them. Issues such as irregularities in the money flow and inflexibility in the selecting procedure are documented. However, they are content and grateful for the money.

Table 46 Distribution of beneficiaries based on impact on health					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	44	14.7	14.7	14.7
	Strongly Agree	12	4.0	4.0	18.7
	Agree	171	57.0	57.0	75.7
	Strongly Disagree	71	23.7	23.7	99.3
	Disagree	2	.7	.7	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 46 reveals that more than 14.7 percent said they were unable to determine whether or not the IGNDPS had an impact on their health. 4.0 percent of the beneficiaries firmly agreed that it had improved their health and made them healthier than they were before. Nearly 57.0 percent felt that the IGNDPS had a positive effect on their health. More than 23.7 percent said they strongly disagreed. Less than one percent said they didn't agree with the statement. One beneficiary stated that receiving their pension money every month would not cover things like food and medicine. However, they would prefer to receive their pension money half yearly or twice a year (the first and second instalments), which is far better than receiving their pension money every month. Based on beneficiaries who reported spending money on food and medicines, it can be said that the IGNDPS has significantly improved and transformed the beneficiaries' health.

Table 47 Distribution of beneficiaries based on impact on social status					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	124	41.3	41.3	41.3
	Strongly Agree	7	2.3	2.3	43.7
	Agree	123	41.0	41.0	84.7
	Strongly Disagree	44	14.7	14.7	99.3
	Disagree	2	.7	.7	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 47 reveals that more than 41.3 percent of the beneficiaries stated that they were unable to determine whether or not the IGNDPS had an impact on their social status. More than 2.3 percent of the beneficiaries firmly agreed that it had improved their social status. Nearly 41.0 percent of the beneficiaries said that the IGNDPS had a positive influence on their social life. More than 14.7 percent of the beneficiaries said they strongly disagreed. One point seven percent of the beneficiaries indicated that they didn't agree with the statement. Indeed, it is

significant to remember that certain beneficiaries could engage in social interactions and stroll close to their immediate surroundings. Some beneficiaries were actively involved in volunteer work in the community and church organizations. Some were unable to travel and were confined to their homes. Hence, the IGNDPS socially promoted beneficiaries who could participate in society. The beneficiaries felt confident because they knew they would receive a pension from the IGNDPS and that they were eligible for it. This knowledge encouraged them to feel secure and prevented them from experiencing stress, anxiety, or despair. Some beneficiaries are not intellectually disabled, who understand the significance of financial stability and finances, and who are fully aware of the IGNDPS. For those with disabilities, family is crucial; without parents, they will become unmarried and dependent on others for care. Therefore, people with disabilities utilize their pension funds to purchase food and other necessities for their parents and family. This made them happy because they knew that they could make a significant difference for their family, and they wanted to keep doing so. Thus, raising the social status of the beneficiaries is one of the main purposes of the Indira Gandhi National Disability Pension Scheme. However, the majority of them fall under the BPL and AAY categories, meaning that their living standards are low and their family situation is appalling. According to some beneficiaries, increasing their monthly pension will therefore have a bigger effect on their social life, mental health, and general well-being. Maintaining good mental health is essential to have a happy life free from stress and anxiety. Thus, the IGNDPS improved the beneficiaries' and their families' mental health.

Table 48 Distribution of beneficiaries based on impact on financial condition					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	80	26.7	26.7	26.7
	Strongly Agree	7	2.3	2.3	29.0
	Agree	133	44.3	44.3	73.3
	Strongly Disagree	78	26.0	26.0	99.3
	Disagree	2	.7	.7	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 48 reveals more than 26.7 percent of the beneficiaries stated that they were unable to determine whether the IGNDPS affected their financial situation. More than 2.3 percent of the beneficiaries firmly agreed that it had a very positive effect on their finances and made them more stable than they were previously. More than 44.3 percent of the beneficiaries said that the IGNDPS had a positive effect on their financial situation. Nearly, 26.0 percent said they strongly disagreed. Less than one percent of the beneficiaries said they didn't agree with the statement. To meet fundamental demands and necessities, money is essential and the bare minimum needed for survival. The beneficiaries' health and welfare would be in jeopardy if they lacked funds. Insufficient funds will make it difficult for them to survive and prolong their ordeal. People can purchase food, clothing, shelter, healthcare, education, medications, and other necessities with money. In actuality, the IGNDPS helps the beneficiaries fulfil and satisfy some of their most basic needs. Although they are unable to use the money to construct a home, they may use it to purchase certain necessities that may influence their lives. Even while the IGNDPS did not increase their financial security, it did in some other way by promoting pleasure, mental health, physical health, and so forth.

Table 49 Distribution of beneficiaries based on inadequacy/adequacy					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	262	87.3	87.3	87.3
	Agree	37	12.3	12.3	99.7
	Disagree	1	.3	.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 49 reveals that more than 87.3 percent of the beneficiaries said they strongly agreed that their monthly pension was insufficient. More than 12.13 percent said they agreed with the statement. Point three percent of the beneficiaries said they did not agree with the statement because they received a free monthly pension. Additionally, one beneficiary stated that since the state government

pays for his monthly pension, he is unable to file a complaint. Therefore, increasing the pension fund for the Central Government may not be easy, but the State Government can help by increasing the monthly pension or the state share or contribution to it. This will allow the current beneficiaries to receive a larger pension and receive a monthly pension. If the pension is increased, the beneficiaries will be able to purchase more needed products for their health, which will have a greater impact than before, as they reported spending it on items that were vital for their health. A few beneficiaries stated that they received their pension each month at no expense to them and that they had no complaints. Even if they thought it was insufficient, they claimed they were unable to evaluate the pension funds objectively because they were given by the central and state governments for free.

Table 50 Distribution of beneficiaries based on irregularity/regularity					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	217	72.3	72.3	72.3
	Agree	82	27.3	27.3	99.7
	Disagree	1	.3	.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 50 reveals the distribution of beneficiaries based on irregularity/regularity. More than 72.3 percent of the beneficiaries said they strongly agreed that their monthly pension is not consistent. More than 27.3 percent said they agreed with the statement that was provided to them. Point three percent of the beneficiaries said they did not agree with the statement because they received a free monthly pension.

Table 51 Distribution of beneficiaries based on rigidity					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	1	.3	.3	.3
	Strongly Agree	279	93.0	93.0	93.3
	Agree	20	6.7	6.7	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 51 reveals distribution of beneficiaries based on rigidity. Nearly 93.0 percent of the beneficiaries indicated that they strongly agreed with the statement provided to them and strongly agreed that the beneficiaries' verification and selection processes are very strict. More than 6.7 percent of the beneficiaries said they agreed with the statement and that the selection procedure is strict. Around point three percent of the beneficiaries were unable to determine whether the verification and selection processes are rigorous or not. After being visited, a beneficiary revealed that the local authority had submitted his name, certificate, and recommendation later to the authority to be a beneficiary. And he eventually started receiving the monthly pension after three years. Thus, he noted that the selection and replacement procedure is rigid because of seat limitations and the absence of financial support for the pension fund. One must wait several days to become a beneficiary since the State Government is unable to immediately raise the number of beneficiaries owing to a lack of funding and state contribution. The age restriction or other requirements should be lifted because people with disabilities under the age of 18 are not eligible for monthly pensions, even though they are among the most vulnerable members of society and live in poverty.

Table 52 Distribution of beneficiaries based on aware/not aware status					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	205	68.3	68.3	68.3
	No	95	31.7	31.7	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 52 reveals the distribution of beneficiaries based on aware/not aware status. The beneficiaries were questioned about their knowledge of the RPwD Act of 2016, the monthly pension, and the responsible functionaries. According to the survey, more than 68.3 percent of the beneficiaries were aware of all the pertinent details and inquiries made of them. More than 31.7 percent of the beneficiaries said they were unaware of it or did not know anything about it. The beneficiaries must be thoroughly informed of the procedures they must follow to receive their monthly pension, as well as the significance of the medical examination. Beneficiaries who underwent medical testing understand its significance. They were aware that a doctor could identify the type of disability they had and identify them through medical testing. Through the Right to Persons with Disabilities Act of 2016, people would be able to learn more about the rights of individuals with disabilities in Mizoram. The act outlined the requirements and the many sorts of impairments.

Some of the beneficiaries are ignorant of it, and their parents have no desire to learn more about it. Government hospitals are very helpful because they are freely accessible and don't require large financial outlays for the less fortunate members of society who live in poverty. Notably, the majority of the beneficiaries who obtained disability certificates were identified by the Civil Hospital in Aizawl, Synod Hospital at Durtlang, and Zoram Medical College at Falkawn. It is noteworthy to emphasize that the beneficiaries were aware that Directorate of Social Welfare & Tribal Affairs, Governemnt of Mizoram in collaboration with the Civil Hospital, Synod Hospital, and Synod Hospital provided Disability Certificates.

Table 53 Distribution of beneficiaries based on problems witnessed/not witnessed					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	86	28.7	28.7	28.7
	Yes	214	71.3	71.3	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 53 highlights the problems witnessed by the beneficiaries in matters relating to a shortage of qualified educators, inadequate strategies for people with disabilities, a lack of accessible restrooms, a lack of rest areas, etc. Therefore, more than 28.7 percent of the beneficiaries were unable to respond because they were unaware of the state of the schools at the moment. However, more than 71.3 percent of the beneficiaries stated that they saw the issues that were presented to them and that the schools still lacked handicap-accessible infrastructure.

The beneficiaries who attended formal education observed a lack of trained teachers, a lack of PWD-specific techniques, a lack of disabled-friendly environments and restrooms, a lack of medical assessment camps, a lack of infrastructure facilities for PWDs, a lack of child care facilities, a lack of stairways, a lack of wheelchairs, and a lack of restrooms. Some beneficiaries stated that government schools lacked facilities for students with impairments, which significantly hindered their ability to learn. A few of the beneficiaries attended Gilead Special School, which offers classes for grades 1 through 4. Gilead Special School is housed in a private building with four classrooms for instruction and two other rooms for non-teaching uses. The rooms have three boys' and three girls' fully operational restrooms, as well as a library. Parents who allowed their disabled children to attend Gilead Special did not have any issues and did not see the issue that the researcher had raised.

Table 54 Distribution of beneficiaries based on equipment availability					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	6	2.0	2.0	2.0
	Yes, Available	12	4.0	4.0	6.0
	No, Not Available	282	94.0	94.0	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 54 highlights the conditions of equipment in the schools attended by the beneficiaries. The beneficiaries were questioned regarding the availability of assistive technology in the local school they attended. The wheelchair, crutch, spectacles, hearing aid, big print textbook, slate, stylus, and braille books and paper are examples of assistive technology. Nearly 2.0 percent of the beneficiaries are unable to comment because they are unaware of the school's current state. Nearly 4.0 percent of the beneficiaries said that their schools had provided assistive devices. Data indicates that these disability-friendly assistive devices and equipment were only offered by Gilead Special School and Blind School. Nearly 94.0 percent of the beneficiaries said that their schools no longer had access to equipment or assistive devices. Beneficiaries or students with disabilities enrolled in government schools did not receive transportation allowance, escort allowance, book and stationery allowance, boarding or hostel accommodations, or uniform allowances. According to a beneficiary's family, the teachers were incompetent in their role as mentors and educators, and the special education school was too far away from their village for their kids to attend.

More than 27 percent of the beneficiaries who received hearing aids, wheelchairs etc reported that they received assistive devices from the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. There is a scheme called ADIP through which the responsible department orders and requests assistive devices for needy persons to the central authority of Social Justice and Empowerment, Government of India.

A program called ADIP was started by the Ministry of Social Justice and Empowerment. The purpose of this program is to help disabled people improve their financial circumstances by helping them acquire common appliances and equipment. The scheme's main goal is to assist individuals with disabilities by providing them with new opportunities and appropriate, long-lasting, and scientifically created products using contemporary technologies to counteract the consequences of their impairments. These devices could aid in disabled people's social, psychological, and physical rehabilitation.

Table 55 Do you have a translator in school for blind children?					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	No	288	96.0	96.0	96.0
	Yes	12	4.0	4.0	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 55 highlights nearly 96.0 percent of the beneficiaries reported that their schools do not provide blind students with interpreters. Remarkably, just 4.0 percent of the beneficiaries who attended Gilead Special School and Blind School stated that their schools provided interpreters for visually impaired students. The beneficiaries were questioned about whether they had a translator at the local school or at the schools they attended.

Table 56 Any issues with the pension after changing village					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	No	300	100.0	100.0	100.0

Source: Field study conducted during December 2023 to March 2024.

The above table 56 reveals that there were no beneficiaries who encountered any difficulties or challenges with their monthly pension after relocating to a different village. One beneficiary who moved to another village confirmed that there

were no issues or problems with their pension after changing their address. Additionally, another beneficiary who moved to a different district reported that their monthly pension continued to be credited by the authority of their previous district. The above table clearly shows that there is no issue faced by the beneficiaries after changing village.

Table 57 Distribution of beneficiaries based on health services availability					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	300	100.0	100.0	100.0

Source: Field study conducted during December 2023 to March 2024.

The above table 57 highlights the conditions of health facilities in the villages of the beneficiaries. The beneficiaries were questioned about the availability of healthcare in their community or village. Every beneficiary stated that access to health care was available in their community or village. Even though they may not be able to accurately diagnose illnesses and patient issues, health workers are still very helpful in the village when it comes to giving patients urgent medical attention and providing medicines.

Table 58 Distribution of beneficiaries based on household tasks					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	127	42.3	42.3	42.3
	No	173	57.7	57.7	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

From the above table 58, it is clear that some beneficiaries have the necessary skills and dependability to perform household tasks. More than 42.3 percent of the beneficiaries could perform household tasks, according to above table 58. More than 57.7 percent of the beneficiaries could not perform daily tasks. The table indicates

that a smaller proportion of beneficiaries are unable to perform household tasks than those who are capable of doing so.

It is good to know that more than 42.2 percent of the beneficiaries could perform home tasks like cooking, cleaning, fetching, looking after other family members, doing laundry, grocery shopping, gathering firewood, working in agriculture, and raising livestock. More than 57.7 percent of the beneficiaries could not perform household tasks. It is crucial to remember that the beneficiaries can perform household tasks which will improve their lifestyle and general health.

Table 59 Distribution of beneficiaries based on the importance of education					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes, it is useful	300	100.0	100.0	100.0

Source: *Field study conducted during December 2023 to March 2024.*

The above table 59 illustrates the distribution of beneficiaries based on the importance of education. Every beneficiary stated that education was beneficial. Even though some beneficiaries were incapable of attending any kind of formal education, they nevertheless believed that education was beneficial. Every beneficiary who went to school stated that they found education to be highly beneficial. Some caretakers of the beneficiaries stated that they would send their impaired children to the government schools if it had excellent infrastructure, qualified teachers, and was handicap accessible in every manner. Additionally, a large number of people with disabilities did not complete even basic or formal school due to a lack of resources, including inadequate facilities, qualified teachers, and financial support for their education.

Table 60 Do you face any form of discrimination in society?					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	No	300	100.0	100.0	100.0

Source: *Field study conducted during December 2023 to March 2024.*

The above table 60 reveals that not a single beneficiary experienced discrimination in their family, community, or educational institution, which is astounding and extremely fascinating. Thus, one hundred percent of the beneficiaries stated that they are not subjected to prejudice.

Table 61 Did the teachers complete a special B.Ed course or are they eligible or qualified to teach in the special schools?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	52	17.3	17.3	17.3
	Yes, Qualified	12	4.0	4.0	21.3
	No, Not Qualified	236	78.7	78.7	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 61 demonstrates that certified educators having bachelor of education degrees are necessary in all institutions of government. To increase the number of PwDs enrolled and create an inclusive educational system, all government institutions must be modernized and made more handicapped-friendly. Surprisingly and tragically, more than 78.7 percent of the beneficiaries stated that there were no qualified or trained teachers for PwDs at the schools in their neighbourhood or that they had attended. More than 17.3 percent were unable to provide a meaningful response or were unable to say anything at all. 4.0 percent of the beneficiaries who attended the Blind School and Giliead Special School said that their schools employed teachers who were qualified and experienced.

Table 62 How do you rate the support system in your school?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	14	4.7	4.7	4.7
	Average	89	29.7	29.7	34.3
	Poor	1	.3	.3	34.7
	Very Poor	196	65.3	65.3	100.0
	Total	300	100.0	100.0	

Source: Field study conducted during December 2023 to March 2024.

The above table 62 highlights the condition of the support system in the school. The beneficiaries were asked to evaluate the local school or the school they attended in terms of the support system. Nearly 65.0 percent of the beneficiaries stated that the condition of schools and support systems were extremely poor. According to more than 29.7 percent of the beneficiaries, the school's and the support system's state was average. More than 4.7 percent were unable to respond to the question. Less than one percent of the beneficiaries expressed that the state and assistance provided were of extremely low quality. The current support service system of Gilead Special School was deemed good by a few of the beneficiaries who attended the school, citing the handicap-accessible environment and the highly qualified teacher. Teachers' employability characteristics are crucial in helping students with disabilities at Gilead Special by providing them with training and teaching them a way of life.

Table 63 Distribution of beneficiaries based on allowances					
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Can't Say	6	2.0	2.0	2.0
	No, Not Provided	294	98.0	98.0	100.0
	Total	300	100.0	100.0	

Source: *Field study conducted during December 2023 to March 2024.*

The above table 63 reveals the distribution of beneficiaries based on allowances. When it came to uniform allowances, books and stationary allowances, escort allowances, transport allowances, and boarding allowances, questions were given to the beneficiaries. Approximately 98.0 percent of the beneficiaries stated that they did not receive an allowance from the school as a consequence. A total of nearly 2.0 percent of the beneficiaries were unable to express it or were unaware of it. No beneficiary received allowances at the school, according to the data. It can be said that almost all of the beneficiaries did not receive any kind of allowance.

Table 64 Problems of the beneficiaries

SL.NO	Attributes	Percentage
1	Inadequate pension amount	99.6
2	Lack of awareness generation	31.7
3	Irregularity	99.6
4	Rigidity in the selection process	99.7
5	Allowances such as escort allowances, transport allowances, and boarding allowances for student	98.0
6	Wheelchair, crutch, spectacles, hearing aid, gib print textbook, slate, stylus, braille books	94.0
7	Issues like educators, inadequate strategies for pwds, lack of accessible resroom, lack of rest areas	71.3

Source: *Field study conducted during December 2023 to March 2024.*

From above table 64, it can be seen that roughly 99.6 percent of the beneficiaries could not even partially satisfy their basic needs with the complete amount of pension. Thus, Rs 400 cannot be all that successful in terms of satisfying one's livelihood. Approximately 31.7 percent of the beneficiaries stated that they were not fully aware of the NSAP and IGNDPS since the awareness-generating initiative was not executed correctly.

99.6 percent of the beneficiaries indicated that the scheme was irregular and that they did not receive it regularly. Among the issues the beneficiaries witnessed rigidity in the selection and replacement procedure. They stated that because of

inadequate central or state funding contributions for the scheme, it was very difficult to enrol new beneficiaries. Disabled individuals need to replace the deceased beneficiary to become one beneficiary.

Therefore, more than 99.7 percent of the beneficiaries reported having experienced problems with selection and replacement procedures such as rigidity. Almost 98 percent of the beneficiaries reported that the schools in their communities did not offer benefits like escort allowances, transportation allowances, or boarding allowances for students. A staggering 94 percent of the beneficiaries stated that their schools did not provide wheelchairs, crutches, spectacles, hearing aids, textbooks in tiny print, slates, styluses, or braille books. About 71.3 reported that they did not have teachers, accessible restrooms, or rest spots.

The following are the findings of primary data gathered from field surveys with administrative officials:

How do you address the dedication of the accountable officials or employees at the village?

The dedication of the responsible officials or workers at the village level is admirable. The Anganwadi Workers, who are village-level officials, diligently carried out their tasks assigned by the government, and their commitment is impressive. They regularly gathered beneficiaries in need and reported to the authorities. They are well-versed with the Indira Gandhi National Disability Pension Scheme. While their main duty is to assist in the development of Integrated Child Development Services and provide care for Anganwadi children, pregnant women, nursing mothers, and their children, they are also expected to participate in the Indira Gandhi National Disability Pension Scheme.

Do local or village-level coordination committees exist to oversee the IGNDPS?

Mizoram Upa Pawl has demonstrated exceptional dedication and attention to the success of the pension scheme. Members of the Mizoram Upa Pawl at the village level actively contributed to the effectiveness of the Indira Gandhi National Old Age

Pension Scheme, which is a component of the National Social Assistance Program. They are involved in identifying beneficiaries in need, compiling lists of disabled beneficiaries, and submitting them for validation by the relevant authorities as required.

Local village council members play a crucial role in the process. They informed officials about the need to call meetings for verification through phone calls or the village council information centre, ensuring that verification or field visits are conducted. The successful implementation of the Indira Gandhi National Disability Pension Scheme relies heavily on the commitment of village council members, Mizoram Upa Pawl members, and Anganwadi workers. Local-level functionaries play a critical role in assisting administrative officials due to staffing shortages and transportation issues.

Do you believe that the State Government is dedicated to IGNDPS administration and facilitation?

The District Social Welfare Offices, the Government of Mizoram, and the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram are actively carrying out their duties and are well-informed about the directives from the Central Government. However, there is a need for more officials to properly verify the current beneficiaries. Despite actively collaborating with village-level officials, additional staff members are necessary to improve working conditions and collaboration with beneficiaries. The beneficiaries hope for and would benefit from regular visits by officials, as they currently provide long-distance service to beneficiaries in multiple districts and villages, highlighting the need for more staff to oversee the scheme.

According to officials, the State Government of Mizoram and the relevant department focus solely on the administration and facilitation of the Indira Gandhi National Disability Pension Scheme (IGNDPS). They handle beneficiaries' files and documents with great care, recording all necessary information such as names, addresses, bank account details, and parent names to ensure accountability for both

the beneficiaries and the scheme. The officials also engage with local-level officials like village council members, Mizoram Upa Pawl Office Bearers, and Anganwadi Workers to collaborate on necessary tasks. The Directorate of Social Welfare & Tribal Affairs of the Mizoram government is responsible for overseeing the program, with distinct District Social Welfare Offices established in various districts for this purpose. At the district level, the DSWOs are genuinely accountable, and visitors such as local-level functionaries, beneficiaries, and researchers can easily reach out to them.

Please state your level of agreement with the statement. The annual financial assistance for IGNDPS beneficiaries is found adequate or inadequate.

Administrative officials in Mizoram agree that the financial assistance given to beneficiaries of IGNDPS is not enough, as it fails to reach a broader section of society or support those living in poverty. The financial instability of the Mizoram state government, along with the absence of sufficient revenue sources to help beneficiaries of NSAP, including those under IGNDPS, also results in insufficient state contributions. Therefore, to widen the program's reach and raise the pension amount to meet the beneficiaries' basic needs, the Mizoram government needs to take necessary measures to generate funds or income-generating opportunities.

Is the IGNDPS fund released to the beneficiary's account in time? And how many times the monthly pension is released in a year?

However, there may be delays occasionally due to unforeseen circumstances. The state government made adjustments using funds from the Central Government. Some beneficiaries reported receiving their pension in different amounts and frequencies. To get the funds, the sanction order should be released first by the finance department, government of Mizoram. There are delays and irregularities in matters relating to the transfer of the pension to the bank accounts of the beneficiaries. Generally, every six months, the first and second instalments should be released by the central government. Then the finance department of the government of Mizoram in collaboration with the DSW&TA, Government of Mizoram used to

release the pension to the accounts of the beneficiaries twice a year. The state government must ensure that beneficiaries receive their monthly stipend without delay or errors.

What is the level of awareness provided by you?

The responsible department- DSW&TA, Government of India has provided awareness and has raised awareness through various media channels. An important film outlining the program's goals and functions was released on Doordarshan Kendra's YouTube channel. Field-level functionaries assisted in implementing the program and informing low-income parents. The DSW&TA also held meetings at the village level with beneficiaries, parents, and administrators to raise awareness effectively.

Did you organize certification and assessment camps for PWDs to avoid diseases such as mumps, measles, etc?

Periodically, the Government of Mizoram's Directorate of Social Welfare & Tribal Affairs conducts assessment and certification camps for individuals with disabilities. Disabled individuals in remote areas receive appliances like wheelchairs, crutches, and hearing aids. The camps are organized in partnership with the Department of Health and Family Welfare, the National Institute of Locomotor Disabilities, and the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram.

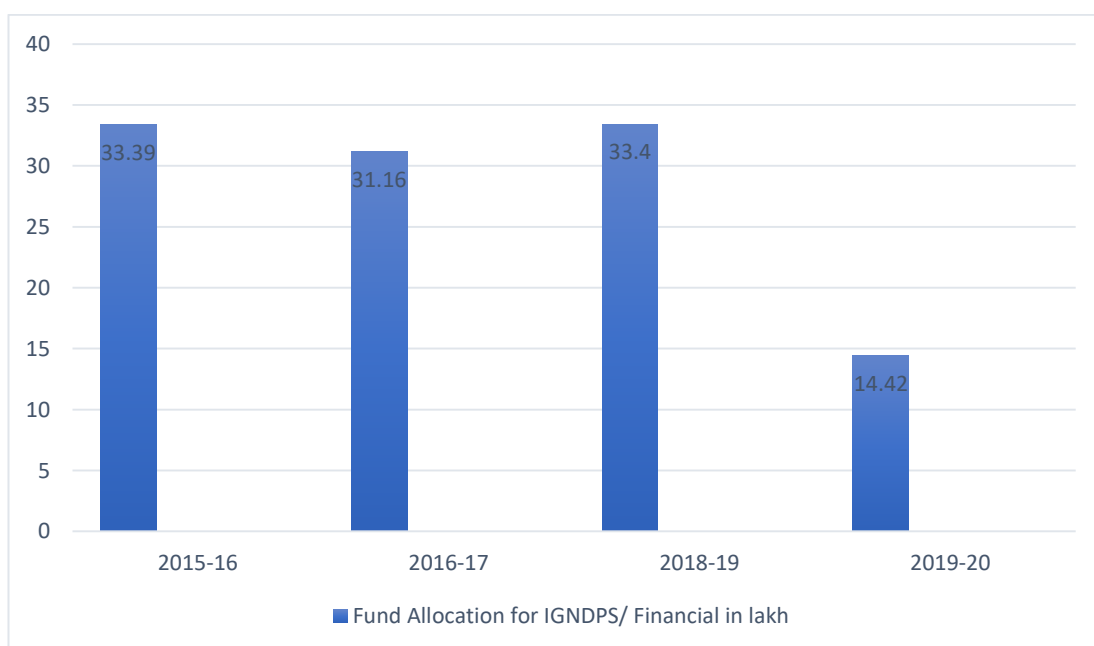
A health camp was organised for seniors and PWDs by the Mizoram State Legal Services Authority in collaboration with the National Institute of Locomotor Disabilities and the National Mental Health Institute. Several medical experts from government hospitals participated in the camp, providing services in various fields, including audiology, orthopaedics, ophthalmology, and ENT. The involvement of multiple medical officials ensured that the camp was able to provide medical assistance to a wide range of individuals in need.

What is the process for selecting and verifying beneficiaries?

Beneficiaries are chosen based on surveys conducted by field-level workers such as Anganwadi Workers, Mizoram Upa Pawl and Village Council members. Those eligible are informed to report to the field-level workers and their reports are then submitted to the concerned authority- DSW&TA, the Government of Mizoram. If a beneficiary passes away, a new beneficiary is chosen based on village-level recommendations. Verification is also done by field-level workers and village meetings are organized where beneficiaries or their representatives must attend and can raise concerns or questions with the verification team.

Can you show the budget for IGNDPS for the last five years?

Chart 15 Fund allocation of IGNDPS for 2015-2020



Source: *Mizoram Economic Survey (2015-2016) Published by Planning & Programme Implementation Department, Government of Mizoram.*

The above chart indicates that there were 742 beneficiaries covered by the Indira Gandhi National Disability Pension Scheme during 2015-2016. 33.39 lakh was sanctioned for the beneficiaries of the scheme. According to the data provided by the Office of Commissioner for Persons with Disabilities, the Government of

Mizoram, Mizoram currently has 15,160 persons with disabilities. It can be noted that only a few persons with disabilities get the monthly pension and it is argued that there are many persons with disabilities living below the poverty line who are eligible to get the monthly pension in Mizoram. The State Government, the Central Government, and the responsible functionaries must take urgent steps to include needy persons with disabilities.

The chart indicates that during 2016-2017, 31.16 lakh was sanctioned for the beneficiaries of the Indira Gandhi National Disability Pension Scheme. The total number of beneficiaries was 742. The fund sanctioned during 2016-2017 is less than the fund sanctioned during 2015-2016. The financial assistance decreased by 2.23 lakh in comparison with the previous years. The chart indicates that during 2018-2019, there were 742 beneficiaries of the Indira Gandhi National Disability Pension Scheme in Mizoram. The total fund sanctioned was 33.40 lakh for the beneficiaries of the scheme. It can be stated that the total number of beneficiaries has not increased and is still the same as the previous years of 2016-2017. Because the Central contribution and State contribution are too limited to cater to the needs of eligible persons with disabilities to become beneficiaries. The financial assistance increased by 2.24 lakh and it was more than in the previous years.

The chart indicates that during 2019-2020, the financial assistance for the beneficiaries of IGNDPS was 14.42 lakh. The total number of beneficiaries is still the same as the previous years. The number of beneficiaries is currently 742. Increasing the number of beneficiaries is a difficult task due to budget limitations. There is rigidity and coerciveness in the selection of the beneficiaries and the replacement process. If one of the beneficiaries passes away, then the responsible functionaries will select one person to become the new beneficiary and the empty place will be filled with the new beneficiary. If all the beneficiaries are alive and new beneficiaries cannot be selected. So, the selection and replacement process are rigid for the beneficiaries of the scheme.

Do you think that IGNDPS is inclusive enough and that all eligible beneficiaries have been covered under the scheme as per the rules?

Officials state that due to limited funds, the IGNDPS is not comprehensive enough and many eligible individuals with disabilities living in poverty remain uninsured. The programme is crucial for improving social standing, financial stability, and the health of beneficiaries, but it must cover a larger population to be truly effective.

Do you think that the inclusion of Anganwadi Workers as field-level functionaries is effective enough?

Officials believe that Anganwadi workers are effective as field-level functionaries, as they can efficiently conduct the programme and gather information about beneficiaries. They compile lists of current and potentially eligible beneficiaries and submit reports as required. Their presence in this role is well-received by officials.

How well-coordinated are the DSWOs with other state officials who have similar responsibilities?

The functionaries at the Secretariat level and the Directorate level have coordination for the proper implementation of the scheme. Presently K.T. Beicho is the secretary of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. Secondly, Dr Lalhriatzuali Ralte, IAS is the present Director of DSW&TA, Government of Mizoram. Thirdly, Mrs Zomuanpuii is the Assistant Director. Under these administrative officials, there are District Social Welfare Offices in Mizoram. The District Social Welfare Offices are in charge of NSAP implementation. As a result, District Social Welfare Offices in Mizoram have widely implemented the Indira Gandhi National Disability Pension Scheme. Champhai and Saitual Districts were under the District Social Welfare Offices, Aizawl East, linked to the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. Mamit was covered by the District Social Welfare Office of Aizawl East. The Serchhip and Hnahthial Districts are under the District Social Welfare Office of

Lunglei. Lawngtlai District is under the District Social Welfare Office of Siaha. Therefore, DSWOs and State Officials are well coordinated.

What range of disabilities does the Authority accept? Do you have problems using the 80 percent disability criteria? Do you meet this standard?

It is extremely difficult to continue operating according to the regulations. Some needy individuals may not qualify for benefits if they do not meet the criteria set by the Ministry of Rural Development, Government of India. Only those with disabilities surpassing 80 percent according to the Central Government standards are eligible for assistance. However, some beneficiaries are not classified as eighty percent disabled but are in need due to their financial situation. They do not have support from state government representatives. Following the central standards, some of the current beneficiaries do not meet the eligibility criteria. Those with disabilities need to be assessed by a doctor at the hospital, particularly if they require medical equipment, come from financially struggling families, or are physically unable to travel by car. Consequently, many beneficiaries did not possess disability certificates. Some of them said they did not have one. Some beneficiaries mentioned that they had received a Disability Certificate from the relevant authority previously but had misplaced it and did not know about it.

Do you have trouble choosing the program's beneficiaries?

Out of the total of 742 beneficiaries of IGNDPS, some villages have Persons with Disabilities (PWDs) who seem eligible for pension benefits according to the community's perception from the survey results. However, they are unable to receive the benefits due to lack of funding and limited slots. As a result, it was difficult for administrative officers to choose the beneficiaries. Various factors such as poor health, poverty, bad road conditions, and inadequate transportation have impeded beneficiaries from acquiring a Disability Certificate. Despite the growing demands, the Central Government has not provided additional financial aid. Administrative officials had to overcome several obstacles during the implementation of the IGNDPS program.

Are you encountering difficulties in identifying the beneficiaries for the program?

There are 742 beneficiaries under consideration, and based on the community's feedback from the survey findings, some villages have PWDs who are potentially eligible for pension benefits but cannot access them due to funding shortages and limited slots. This led to challenges for administrative personnel in selecting program beneficiaries. Poor health, poverty, poorly maintained roads, and lack of transportation have hindered beneficiaries from obtaining a Disability Certificate. Despite increasing calls for support from the public, the Central Government has not allocated more funds or assistance. Administrative officials faced various challenges during the implementation of the IGNDPS.

Is the department coordinating with the bank to debit the beneficiary's account with the pension amount? If yes, kindly specify the name of the bank and the nature of your affiliation with it.

Mizoram Rural Bank partners with the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. All beneficiaries are allowed by the concerned authority to open an account at the Mizoram Rural Bank. The government of Mizoram, the State Bank of India, and the Government of India jointly own Mizoram Rural Bank. The Central Government provides financial assistance to the State Government of Mizoram according to the standards set by the Government of India. The pension should be initially deposited into the beneficiary's account at either a bank or post office, whichever is more convenient. The state government will then utilize the bank account to disburse the pension.

Possible risk factors faced by persons with disabilities

Abuse occurs more frequently in people with disabilities than in people without impairments. Several elements that could increase a person's risk include: 1. To achieve their fundamental requirements, a person with a physical impairment could require assistance from others. Intimate care rituals such as washing, dressing, and using the restroom may involve care providers, which may raise the risk of

abusive behaviour. 2. A cognitively impaired individual could have an excessive amount of faith in others, making them more susceptible to manipulation, bribery, or force. It's possible that the person is unaware of the distinctions between sexual and non-sexual touches and that it is inappropriate to violate someone sexually. 3. Disclosure of abuse or assault is more difficult for someone with a disability that affects their communication skills. 4. It is expected of people with disabilities to be submissive, quiet, and courteous, and to restrain challenging behaviours. Abusers employ compliance training as a means of deceiving individuals with disabilities into engaging in abusive behaviours. 5. Individuals with impairments may not receive lessons about assertiveness, abuse prevention, or sexuality as children. Individuals with disabilities might not know the truth about healthy sexuality, their bodies, or how to recognise abusive behaviour in others. 6. If an individual with a mental health diagnosis is unable to distinguish reality from non-reality due to their mental health symptoms, they may be exploited by an abusive person. Abusive individuals profit from societal prejudices against those with disabilities, mental health conditions, and other perceived vulnerabilities. Abusers attempt to explain their actions by using this tactic. Abuse is never encouraged by having a disability, a mental health diagnosis, or any other perceived vulnerability. It is always the abuser's decision to mistreat and harm other people.

Overview

The data collected from the beneficiaries and administrative officials have been analyzed and discussed in this chapter. The purpose of the study is to learn about the challenges that the beneficiaries of IGNDPS faced in a variety of areas, and Additionally, to gain additional insight into the challenges encountered by administrative officials during the scheme's implementation.

Chapter-VII

SUMMARY, MAJOR FINDINGS, CONCLUSION & SUGGESTIONS

This chapter provides an overview of the study from chapter one to chapter seven. The major findings from the field survey are presented in this chapter. The study has come up with the problems, issues, and challenges faced by the responsible functionaries and suggestions for the better implementation of IGNDPS in Mizoram. In this chapter, the researcher provides the research's conclusion after reviewing what was discovered and discussed in the previous chapters. The researcher presents suggestions based on the problems and challenges faced by the administrative officials and respondents. The recommendations may help all present functionaries perform better, provide some potential answers to critical problems that may develop, and serve as extra input for proper functioning.

Summary

The first chapter is “Introduction: A Conceptual Framework” which provides general background information on the components of the National Social Assistance Programme and Indira Gandhi National Disability Pension Scheme in India and Mizoram. The chapter includes social security in India, the five-year plan, the pension system in India, the meaning of social assistance and social pensions, the breakdown of disability types in India, constitutional provisions, theoretical framework, Rights of Persons with Disabilities Act 2016, The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 etc. The chapter includes an introduction, a review of the literature, research gap, statement of the problem, scope of the study, objectives of the study, research questions, methodology and chapterisation.

The second chapter is “National Social Assistance Programme in India and Mizoram” which deals with the historical background of NSAP, the administrative arrangement of NSAP, highlights the funds-related matters and the procedure for the

release of the first instalment and second instalment, the disbursement of pension, some methods that have combined with NSAP State-specific variations of guidelines.

The third chapter is the “Administrative set-up and working of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram” which deals with the history of the Social Welfare Department which was set up as a separate division within the Education Department between 1973 and 1974, the responsible functionaries or agencies such the Mizoram Social Defence & Rehabilitation Board, The Jordan Centre at Sethawn, the Disability Pension, the Eklavya Model Residential School (EMRS), National Social Assistance Programme and Deendayal Disability Rehabilitation Scheme (DDRS) etc.

The fourth chapter is “Implementation of Indira Gandhi National Disability Pension Scheme in Mizoram” which deals with the financial assistance of the scheme, the goals and objectives of IGNDPS and the district-wise beneficiaries list, the implementation processes of the scheme such as how the responsible authority is linked with field-level functionaries, The necessary documents required to be obtained by the beneficiaries to apply for the scheme and, the role and functions of the implementing agencies etc.

The fifth chapter is “Impact of Indira Gandhi National Disability Pension Scheme on the Socio-economic Conditions of the Beneficiaries in Mizoram” which includes the Socio-demographic details of the respondents such as the age group of the beneficiaries, gender-wise category of beneficiaries, marital status, educational qualification, denomination, social category such as BPL, APL, AAY, PHH, religion of the beneficiaries, income generating activities of the beneficiaries, family members of the beneficiaries, etc.

The sixth chapter is “Results and Discussion” which includes all findings from the Interview schedule such as the beneficiaries' questionnaire and administrative officials' questionnaire. This chapter analyzes and discusses the data collected from beneficiaries and administrative officers. The study's objective is to learn about the obstacles that beneficiaries of IGNDPS faced in a variety of areas, as

well as to obtain additional insight into the challenges encountered by administrative officials throughout the scheme's implementation.

The seventh chapter is “Summary, Major Findings, Conclusion and Suggestions” which contains the summary of all the chapters from Chapter I to Chapter VII. The chapter gave important suggestions and recommendations for the proper implementation of the scheme. Suggestions have been made from the major findings.

Major Findings

The key findings include results from a field survey and data obtained from all the respondents, such as the community and responsible administrative officials.

Identification & Verification of the beneficiaries

Village-level functionaries are responsible for the identification process of the beneficiaries of the Indira Gandhi National Disability Pension Scheme. So, the verification team (responsible administrative officials in DSW&TA, Government of Mizoram) is responsible for carrying out activities for identification and verification. The verification team carried out the tasks with the help of Anganwadi Workers/Village Council Members/Mizoram Upa Pawl. The local-level functionaries are given a central role. The concerned department has to sensitise the eligible criteria to the local authorities under NSAP. The local-level functionaries will sensitize information to the beneficiaries, existing beneficiaries or persons with disabilities who are trying to become beneficiaries. As per the guidelines set by the Ministry of Rural Development, Government of India, there is a need for annual verification of the existing beneficiaries under NSAP. Following the directions of the Hon'ble Supreme Court of India in W.P no 196 of 2001, the deserving persons had been established and included in the selected list.

Application process

Applications are needed for the enrolment of new beneficiaries. A specimen form is given to the people. The application form must be free of cost and available

at the concerned department's website, which should also be downloadable. Field-level workers such as Anganwadi Workers, Mizoram Upa Pawl, and Village Council Members are tasked with giving application forms to needy people who want to be beneficiaries and getting the forms filled up. These applications should be verified by the verification team concerning facts related to eligibility. The application should be verified within two weeks from the date of receipt of the application.

Amount of pension

The beneficiaries of IGNDPS in Mizoram who are between the ages of 18 and 79 receive Rs.400, and those over 80 receive the same amount. Therefore, the central government would provide Rs.500 to IGNDPS beneficiaries who are 80 years of age or older as a result of the work done by the Ministry of Rural Development, Government of India. The implementation of this is scheduled for the fiscal year 2024–2025. Beneficiaries who are 80 years of age or older will soon receive Rs.600 (Rs.500 from the central government and Rs.100 from the state government), according to the report of the concerned department.

Sanction and Disbursement of pension for IGNDPS/NSAP

The sanctioning authority (DSWOs) has to approve the applicants in the form of a sanction order and should issue a sanction order with the seal. Every beneficiary who has been sanctioned IGNDPS was issued a pension Passbook. The funds for the schemes are released as Additional Central Assistance (ACA). It is released by the Ministry of Finance, Government of India to the States or State Treasury Office or Office of the Chief Controller of Accounts, Accounts & Treasuries, Government of Mizoram. The fund for NSAP is to be released to the State Treasury Office, with the prior permission of the Finance Department, Government of Mizoram, the fund is to be released to the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. The department is responsible for crediting or transferring the pension fund to each beneficiary account following the direct benefit transfer system.

The finance department's and other parties' obligations regarding the pension fund transfer

The transfer of the pension money from the State Treasury Office to the Directorate of Social Welfare and Tribal Affairs, Government of Mizoram, is possible with the permission of the Finance Department, Government of Mizoram. In terms of the IGNDPS, the Mizoram Integrated Financial Management and Information System department is responsible for all calculations and data analysis.

The Mizoram Integrated Financial Management and Information System (IFMIS) is initiated under the Finance Department and implemented through the Fiscal Management Unit Cell, Government of Mizoram. The Mizoram IFMIS is meant to be a centralized Information and Data handling, processing, and management system based upon a central data warehouse to record and report all relevant financial transactions about the Government of Mizoram thus providing reliable data analysis, decision support, financial monitoring, reporting frameworks, and other necessary avenues for proper financial management within the State.

Issues with disability certificate

From the field survey, it was found that 230 beneficiaries have disability certificates and 70 beneficiaries have issues with disability certificates. Some of the beneficiaries reported that they obtained their Disability Certificates from the Directorate of Social Welfare and Tribal Affairs, Government of Mizoram, through the Civil Hospital in Aizawl. Some of the beneficiaries said that, with the assistance of Zoram Medical College, they obtained a disability certificate. As per the report of some of the beneficiaries, Synod Hospital, Durtlang assisted them in obtaining a disability certificate.

The funding pattern of IGNDPS/NSAP

NSAP is one of the core schemes of Centrally Sponsored Schemes in India. The current funding pattern of NSAP under CSSs in Mizoram is 90:10. The central government has more resources than the state governments, so CSSs are intended to

supplement the state government's efforts. CSS can be regional or national in scope. The funding pattern for Centrally Sponsored Schemes (CSSs) in India varies depending on the state and can be 50:50, 70:30, 75:25, or 90:10. For North Eastern and Himalayan States, the funding pattern is 90:10. In all other States: The funding pattern is 60:40. Centrally Sponsored Schemes (CSSs) are those schemes which are implemented by the state governments but sponsored by the central government with a defined shareholding.

Anganwadi Workers

The Anganwadi Workers are the village-level functionaries who carry out the duties delegated to them by the state government of Mizoram and their dedication at the village level to the beneficiaries of IGNDPS is remarkable. They used to gather information about the beneficiaries or persons with disabilities and submit it to the authorities. They are aware of the Indira Gandhi National Disability Pension Scheme and their primary responsibility may be to support the growth of Integrated Child Development Services and care for Anganwadi and teenagers, pregnant women, and nursing mothers, but they participated actively in the implementation process of the Indira Gandhi National Disability Pension Scheme.

Mizoram Upa Pawl & IGNDPS

Mizoram Upa Pawl members have shown extraordinary and noteworthy attention to the pension scheme's achievement. Mizoram Upa Pawl members actively contribute to the success of the Indira Gandhi National Old Age Pension Scheme, one of the National Social Assistance Program's components. However, they also assist the authorities in gathering information about beneficiaries of IGNDPS at the village level. It has been found that Mizoram Upa Pawl members are actively involved in locating and identifying senior citizens who qualify for the Indira Gandhi National Old Age Pension Scheme as well as disabled individuals who qualify for IGNDPS in Mizoram.

Village Council Members & IGNDPS

At the local level, the village council members also play a crucial role in the welfare of persons with disabilities and beneficiaries. The village council members informed the beneficiaries by phone or through the village council information centre when officials advised them to call a meeting for verification. Proper verification or a field visit can be carried out because of the active involvement of village council members in the implementation process of the IGNDPS.

Role Played by the District Social Welfare Offices, the Government of Mizoram, and the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram

The relevant departments—the District Social Welfare Offices, and the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram performed their duties actively and were fully aware of the directives from the Central Government. Yet, more officials are required to properly verify the beneficiaries who are currently in place. Even though they actively participate in working with village-level officials, they still require more staff members to enhance working conditions and their collaboration with beneficiaries and village-level functionaries. They provided long-distance service to beneficiaries in various districts and villages. It was observed that they needed more staff members to oversee the programme. They maintain contact with local-level officials, such as Village Council members, Mizoram Upa Pawl members, and Anganwadi Workers, and collaborate with them on the necessary tasks.

The State Government of Mizoram made serious attempts to raise awareness.

The Directorate of Social Welfare & Tribal Affairs, Government of Mizoram raised awareness via a variety of media, including newspaper, radio, television, google, and other means. Through the aforementioned methods of raising awareness, they emphasized the goals, the purposes, and how the scheme is implemented. It's vital to remember that the DSW&TA released a brief but meaningful film on DDK, a YouTube channel, which succinctly outlined the goals and functions of the

programme. People will therefore have no trouble understanding these short films and videos. Additionally, the Young Mizo Association, Mizo Hmeichhe Insuihkhawm Pawl, Mizoram Upa Pawl, Anganwadi Workers, and Village Council Members were engaged as field-level functionaries.

Assessment & Certification

Periodically, the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram conducted assessment and certification camps for individuals with disabilities. Due to their remote and inaccessible locations, several disabled people who reside in different parts of Mizoram are unable to visit the hospitals. The people with disabilities received appliances and help from these camps, including wheelchairs, crutches, and hearing aids. The Department of Health and Family Welfare, the Regional Centre of the National Institute of Locomotor Disabilities (NILD), and the Directorate of Social Welfare & Tribals Affairs, Government of Mizoram, work together to organize the camps.

State-wise details of assistance under IGNDPS

The central contribution for the states in India for the particular scheme of IGNDPS is Rs. 300. The state governments are requested to contribute at least the same or more than Rs. 300 if possible. There are some states which contribute more than 1000 thousand rupees. But there are some states which do not contribute and which are just depending on central contribution.

The following table will display the state-wise details of assistance and top-up under IGNDPS in India.

Table 65 State-wise details of assistance under IGNDPS

S.No	State	Central Govt.	State Govt.	Total
1	Andra Pradesh	300	700 (Below 80 percent) 1200 (Above 80 percent)	1000 1500
2	Arunachal Pradesh	300	1700	2000
3	Assam	300	0	300
4	Bihar	300	400	700
5	Chhatisgarh	300	300	600
6	Goa	300	1700	2000
7	Gujarat	300	300	600
8	Haryana	300	1200(18 years and above)	1500
9	Himachal Pradesh	300	900	1200
10	Jharkhand	300	700	1000
11	Karnataka	300	500 (0-17 years) 200 (18-79 yrs) 1200 (75 percent)	800 500 1500
12	Kerala	300	150	450
13	Madya Pradesh	300	300	600
14	Maharastra	300	300	600
15	Manipur	300	0	300
16	Meghalaya	500	200	700
17	Mizoram	300	100	400
18	Nagaland	300	0	300
19	Odhisia	300	200	500
20	Punjab	300	250	550

21	Rajasthan	300	200 (18-75 yrs) 450 (75-79 yrs) 250 (18 yrs & above)	500 750 550
22	Sikkim	300	1500	1800
23	Tamil Nadu	300	700	1000
24	Telangana	300	1500	1800
25	Tripura	300	700	1000
26	Uttarakhand	300	900 (18-79 yrs) 700 (80 years & above)	1200 1000
27	Uttar Pradesh	300	300	600
28	West Bengal	300	300	600

Source: Ministry of Rural Development, Government of India. Retrieved from <https://rural.gov.in>. Accessed on 13, 07, 2023.

Andra Pradesh, Arunachal Pradesh, Goa, Haryana, Himachal Pradesh, Jharkhand, Sikkim, Tamil Nadu, Telangana, Tripura, and Uttarakhand are the states in India which provide the beneficiaries of the Indira Gandhi National Disability Pension Scheme with the assistance of Rupees 1000 and above. The state of Karnataka can also be said to have assisted rupees 1000 and above but only beneficiaries with more than 75 percent disabilities are provided rupees 1000 and above. Arunachal Pradesh and Goa are the only two states that provided Rupees 2000 to the beneficiaries of IGNDPS which is the highest in the state. Sikkim is the only state that provided 1800 to beneficiaries of IGNDPS.

Coordination among departments

The Directorate of Social Welfare and Tribal Affairs, Directorate of Health and Family Welfare, Rural Development Department, and Directorate of Women & Child Development are all heavily involved in promoting the welfare of the state's disabled population as well as the beneficiaries of IGNDPS. The camps for the identification and certification of elderly and disabled people were arranged by the Directorate of Health & Family Welfare, Government of Mizoram. Anganwadi workers conducted reports, submitted lists of IGNDPS beneficiaries, and identified

eligible disabled individuals to the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. These departments and functionaries support the well-being of people with disabilities and are responsible for the effective execution of the IGNDPS in Mizoram.

Gilead Special School

Established in 1990, Pvt. Unaided is in charge of the school. It's situated at Bawngkawn. There are four grades in the school: 1 through 4. There is a pre-primary division attached to the school. The school does not use the building as a shift school and is not eligible. This school uses Mizo as its instruction language. There is an all-weather road that leads to this school. The academic year at this school begins in April. There is a private building at the school. There are four classrooms available for use as classrooms. Every classroom is in good shape. Two more rooms are available for uses other than instruction. The school features a pucca border wall, drinking water, three boys' restrooms, three girls' restrooms, a playground, a library, and a separate room for the headmaster/teacher. The library also has 296 books. There isn't a computer-aided learning lab at the school. Lunch is not served at the school.

Special Blind School HS

The Special Blind School HS was founded in 2001 and is supervised by the Pvt. Unaided. It is located in an urban area. It is located in Bungkawn, Aizawl, Mizoram. The school's grades go from 9 to 10. The school is coeducational and does not have a separate pre-primary section. The school is not appropriate and does not use the school building as a shift school. English is the medium of instruction at this school. This school is accessible via all-weather road. The academic session begins in April. The school has a barbed wire fence border wall, an electric connection, water, one boy's toilet and one girl's toilet that is operational. The school contains a playground and a library of 1050 books. The school lacks a computer for teaching and learning reasons. The school does not have a computer-assisted learning lab.

Zoram Entu Pawl (ZEP)

Zoram Entu Pawl is a functional NGO in Mizoram that focuses on health, education, and livelihood activities. It is a charitable social development initiative established by the Catholic Church of Mizoram. ZEP seeks to ensure that human potential is meaningfully expressed in an environment of equal opportunity for both men and women in peace, fairness, and togetherness, guided by the spirit of Tlawmngaihna, Mizo society's traditional virtue of self-sacrifice. ZEP used to arrange community gatherings to raise awareness about maternal and child health services and diseases in Mizoram. It is an agency that organises identification and assessment camps for people with impairments, as well as health camps for the people Mizoram.

Beneficiaries and their ages

Firstly, Persons with Disabilities over the age of 18 are covered by the IGNDPS. The beneficiaries who have been contacted are all between the ages of 19 and 88. People with disabilities who are 18 years and above are eligible to receive a monthly disability pension, according to standards established by the Government of India. However, there are vulnerable people with disabilities who live in poverty and should be eligible for the pension scheme (IGNDPS) but are under the age of 18 years. One lady stated that she had two disabled and vulnerable children, implying that the age restriction should be eliminated so that vulnerable people with disabilities living in poverty can be eligible for the pension. One beneficiary stated that he knew someone who slept the entire time due to a spinal cord injury and required this type of disability pension.

Beneficiaries and gender

There are nearly 46.3 percent (139 beneficiaries) of male beneficiaries and more than 53.7 (161 beneficiaries) percent of female beneficiaries. According to data, there are more female beneficiaries than male beneficiaries.

Beneficiaries and marital status

More than 76.7 percent of the beneficiaries are unmarried and not planning to get married. The second-highest percentage of the beneficiaries—15.0 percent—are married. Widows make up 5 percent of the beneficiaries. Male beneficiaries who are separated or divorced make up 3.3 percent. The majority of beneficiaries are unmarried.

Beneficiaries and children

Among the beneficiaries, more than 90.7 percent do not have children, while nearly 9.3 percent do. 15 percent of the beneficiaries are married, and 5.0 percent of the beneficiaries are widows. Therefore, it is not shocking that more than 9.3 percent of people with disabilities are parents. The majority of beneficiaries are single and childless. It is also clear that those receiving pensions for disability are not psychologically prepared to marry. For beneficiaries who are single, the impact of IGNDPS is therefore greater. Lack of education, lack of job opportunities, financial insecurity and unequal access to healthcare are key factors in individuals choosing not to marry.

Beneficiaries and number of children

Nearly 3.3 percent of the beneficiaries are parents of one child. Two children are held by 3.0 percent of the beneficiaries. Three children make up 2.3 percent of the beneficiaries. Additionally, less than one percent of the beneficiaries are parents to four kids. Consequently, 90.7 percent of the beneficiaries are childless. 272 beneficiaries do not have children and 28 beneficiaries do. Only a minority of the contacted beneficiaries have children.

Beneficiaries and educational institutions

Among the 300 beneficiaries, 53.0 percent did not attend a formal institution, and those without an education make up the largest proportion. More than 21.3 percent of the beneficiaries attended primary school, making up the second-largest category and the largest among those who attended formal institutions. 10.3 percent

of the beneficiaries attended high school, and less than one percent attended higher secondary school. 1.3 percent of the beneficiaries hold a graduate degree. It is worth noting that nearly 3.3 percent of the beneficiaries attended Gilead Special School in Mizoram, while less than one percent attended Blind School. The parents of beneficiaries who attended special schools are fully aware of the accountable functionaries of IGNDPS.

Beneficiaries and places of study

According to data, nearly 53.0 percent of the beneficiaries did not attend formal institutions or pursue education. More than 42.3 percent said they were enrolled in government institutions. 1.0 percent of the beneficiaries said they were enrolled in private schools. The fact that 3.3 percent of the beneficiaries went to Gilead Special School is particularly noteworthy. Less than one percent of the beneficiaries went to blind schools. As a result, while 53 percent of the beneficiaries did not attend school, 47 percent of the beneficiaries attended formal education. We have government schools, private schools, special schools, etc. in Mizoram.

Beneficiaries and religion

100 percent of the beneficiaries identified as Christian. According to the survey data, there are no beneficiaries who identify as Hindu, Muslim, Jain, Sikh, or any other faith. Christianity is the most common religion, accounting for the majority in 11 districts of Mizoram. Mizoram is a Christian-majority state, hence all IGNDPS beneficiaries are Christians. IGNDPS does not affect Hindus, Muslims, Jains, and so on.

Beneficiaries and denomination

72 percent of the beneficiaries identified as Presbyterian churches. The Baptist Church of Mizoram is the second most common denomination among beneficiaries and 6.7 percent identified as the Baptist church. 4.3 percent of the beneficiaries are members of the United Pentecostal Church Mizoram. A significant number of churches in Mizoram are not disability-friendly, particularly those located

in rural areas. Disabled-friendly environments are not commonly found within church premises or on church property. The majority of churches in urban areas of Mizoram are furnished with amenities and offer a handicapped-accessible environment within their premises.

Beneficiaries and family occupation

More than 1.3 percent of the beneficiaries do not work or earn a living. Animal Husbandry accounts for 4.0 percent of the family's occupation. Less than one percent of the family's primary source of income is the water business. 10.0 percent of the family said they used to work on any kind of job if it meant making money. Of the beneficiaries, 5.7 percent are reliant on government work such as part-time sweepers, Anganwadi Workers and others. Tailoring makes up point seven percent of the family's primary means of income. A shopkeeper makes up 2.3 percent of the family, while a metal collector makes up point three percent. 1.3 percent of the beneficiaries of the family sell vegetables. Mistiri makes up less than one percent of the family's primary occupation, cobbling accounts for less than one percent of the beneficiaries, and singing makes up less than one percent of the beneficiaries. The majority of the family (71.7 percent) is from the farming community, and farming is their primary occupation. Fermented pork fat sales account for point three of the family's primary source of income. Beneficiaries whose family works in agriculture or farming are more affected by the IGNDPS.

Beneficiaries and income sources/income-generating activities

More than 72.7 percent of the beneficiaries do not have a source of income of their own. More than 1.7 percent of the beneficiaries' income comes from raising animals. More than 8.3 percent of the beneficiaries said they could work any job to make money and do any available job. Tailoring is the primary source of income and occupation for 1.7 percent of the beneficiaries. 1.3 percent of the beneficiaries are regular bazaar/street vendors selling vegetables. Shopkeepers make up 1.0 percent of the beneficiaries. Singing in the street brought in money for less than one percent of the beneficiaries. More than 11.7 percent do farming.

Beneficiaries and family size

More than 4.3 percent of the beneficiaries reside independently. More than 11.3 percent of the beneficiaries' household members constitute 2. 12.0 percent of the beneficiaries' household members constitute 3. 18.3 percent of the beneficiaries' household members represents 4. 18.3 percent of the beneficiaries' household members is 5. 11.3 percent of the beneficiaries' household member is 6. 10.0 percent of the beneficiaries possess 7 family members. 5.3 percent of the beneficiaries' household members constitute 8. 4.3 percent of the beneficiaries' family members equates to 9. 3.0 percent of the beneficiaries' total number of family members is 10. Less than one percent of the beneficiaries' family members corresponds to 11. Less than one percent of the beneficiaries' family size is 12. 1.0 percent of the beneficiaries' family size is 13.

Sources of information

Nearly point three percent of the beneficiaries said that family members informed them about the IGNDPS. More than 45.7 percent of the beneficiaries claimed to have learned about the IGNDPS from Mizoram Upa Pawl members. More than 21.7 percent of the beneficiaries said that Anganwadi Workers were the source of their information about the IGNDPS. Nearly 32.3 percent of the beneficiaries said that Village Council members were the source of their information about the IGNDPS. It is impressive how committed and helpful the three village-level officials in Mizoram—Village Council Members, Anganwadi Workers, and Mizoram Upa Pawl—are to the welfare of the IGNDPS beneficiaries in their community.

Beneficiaries and social category

More than 30.3 percent of the beneficiaries, fall under the category of AAY. The highest percentage of beneficiaries, nearly 53.0 percent, are classified as BPL. The third-highest percentage of beneficiaries, more than 12.7 percent, are classified as APL. The lowest percentage of beneficiaries, nearly 4.0 percent, are covered by PHH. A few beneficiaries stated that the government of Mizoram is unable to provide them with an AAY ration card, even if they would like one, because of seat

restrictions.

Health status

Nearly 43.0 percent of the beneficiaries said they had some health issues and were not in good health. The lives of the beneficiaries are severely hampered by a variety of illnesses and disabilities, including kidney problems, nerve problems, spinal cord problems, locomotor disabilities, typhoid, mental retardation or intellectual disability, dwarfism, breast cancer, urinary issues, blindness, low vision, multiple disabilities, etc. Therefore, it is seen that the beneficiaries' general health was poor and that they needed appropriate medical examinations.

Mode of payment

The beneficiaries of the IGNDPS are only paid through bank accounts. The pension is directly deposited into the beneficiaries' accounts by the authority. There is no cash or other form of payment for the pension. The Directorate of Social Welfare and Tribal Affairs, Government of Mizoram, plays a tremendous role in this regard. The form of payment is very vital to receive the pension. Every beneficiary has a Mizoram Rural Bank bank account. The beneficiaries can conveniently receive their monthly pension from the closest automated teller machine once the amount is issued straight into Mizoram Rural Bank. No selected beneficiary receives their pension each month via Post Office Cheques or any other provider. Despite beneficiary complaints regarding pension funds, it's encouraging to know that every single one of them has a bank account with Mizoram Rural Bank.

Mode of generation of awareness

The IGNDPS concerned department primarily used social media, television, websites, WhatsApp, and other online platforms to execute an awareness-building program. WhatsApp is typically utilised in place of in-person meetings. The competent authority held online meetings via Google Meet, Zoom, and WhatsApp Video Meetings as part of an awareness-raising initiative, particularly during the COVID-19 lockdown. Through the functionaries at the village levels, the

government department indirectly carried out an awareness-building effort for the beneficiaries. Nearly 14 percent of the beneficiaries or their parents stated that the relevant authority primarily uses News Paper as a means of raising public awareness. Over 33.7 percent of the beneficiaries stated that they learnt about the program from television. Websites on the internet provided the information to 27 percent of the beneficiaries. 42 percent of the beneficiaries said they got departmental updates and awareness through WhatsApp. The Utube channel provided information and awareness to around 6.3 percent of the beneficiaries. Approximately 10.3 percent of the beneficiaries reported being unable to assign authority to the awareness-generating mode.

The responsible functionaries at the village level

The responsible functionaries at the village level are Anganwadi Workers (AWWs), Village Council Members (VC) and Mizoram Upa Pawl (MUP). Village Council members are the local level officials, according to more than 28.3 percent of the beneficiaries. More than 45.7 percent of the beneficiaries reported that the local-level functionaries are Mizoram Upa Pawl members. Anganwadi workers are highly valuable employees at the village and local levels since they are crucial representatives of the DSW&TA, Government of Mizoram. After compiling the list of disabled people, they visited them. Even though it is not their responsibility to compile the names of people with disabilities, they willingly collaborate with the relevant department to complete the crucial assignment and provide the crucial service. Therefore, the assistance provided by Anganwadi Workers at the village level to the beneficiaries of the Indira Gandhi National Disability Pension scheme is exceptional for the people and society. At the village level, Mizoram Upal Pawl provided direct information on the IGNDPS to the beneficiaries. Every village in Mizoram has a vital role to play in gathering and choosing disabled people so they can receive benefits from the IGNDPS.

Awareness generation level

The awareness generation level is good. Around 81.0 percent of the beneficiaries provided answers indicating a good level of awareness, which is impressive. This demonstrates how effectively local-level functionaries are carrying out their duties and how district and state-level authorities are collaborating to ensure the welfare of the beneficiaries.

Health check-up

More than 7.3 percent of the beneficiaries undergo routine medical examinations. Nearly 79.7 percent of the beneficiaries have had sporadic medical examinations. Nearly 13.0 percent of the beneficiaries said they never received a medical examination. Some of the beneficiaries stated that they are unable to routinely afford to visit the hospital for checkups as they reside in rural areas of Mizoram.

Health, Social and Economic conditions

Firstly, more than 57.0 percent felt that the IGNDPS had a positive effect on their health. More than 23.7 percent said that IGNDPS did not have an impact on their health. Secondly, nearly 41.0 percent of the beneficiaries said that the IGNDPS had a positive influence on their social status. More than 14.7 percent of the beneficiaries said that it did not have impact on their social status. Thirdly, 44.3 percent of the beneficiaries said that the IGNDPS had a positive effect on their financial situation, while 26.0 percent said they strongly disagreed.

Problems of the beneficiaries in getting monthly pension (IGNDPS)

Firstly, 87.3 percent of the beneficiaries said they strongly agreed that their monthly pension was insufficient. Secondly, 72.3 percent of the beneficiaries said they strongly agreed that their monthly pension is not consistent. Thirdly, 93.0 percent of the beneficiaries indicated that they strongly agreed with the statement provided to them and strongly agreed that the beneficiaries' verification and selection processes are very strict.

Beneficiary level of knowledge

The beneficiaries were questioned about their knowledge of the RPwD Act of 2016, the monthly pension, and the responsible functionaries. According to the data, more than 68.3 percent of the beneficiaries are aware of all the pertinent details and inquiries made about them. Nearly 31.7 percent of the beneficiaries said they were unaware of it or did not know anything about it.

Availability of equipment and translator in the school

More than 71.3 percent of the beneficiaries stated that they saw the issues that were presented to them and that the schools still lacked handicap-accessible infrastructure. According to beneficiaries who attended formal education, they saw a lack of trained teachers, a lack of PWD-specific techniques, a lack of disabled-friendly environments and restrooms, a lack of medical assessment camps, a lack of infrastructure facilities for PWDs, a lack of child care facilities, a lack of stairways, a lack of wheelchairs, and a lack of restrooms. Some beneficiaries stated that government schools lacked facilities for students with impairments, which significantly hindered their ability to learn. Some beneficiaries attended Gilead Special School, which offers classes for grades 1 through 4. Gilead Special School is also housed in a private building with four classrooms for instruction and two other rooms.

94.0 percent of the beneficiaries said that their schools no longer had access to equipment or assistive devices. Beneficiaries or students with disabilities enrolled in official government schools did not receive transportation allowance, escort allowance, book and stationery allowance, boarding or hostel accommodations, or uniform allowances. 96.0 percent of the beneficiaries reported that their schools did not provide blind students with interpreters. Remarkably, just 4.0 percent of the beneficiaries who attended Gilead Special School and Blind School stated that their schools provided interpreters for visually impaired students.

Problems of the beneficiaries

Roughly 99.6 percent of the beneficiaries stated that they could not even partially satisfy their basic needs with the complete amount of pension, making it insufficient. Thus, Rs.400 cannot be all that successful in terms of satisfying one's livelihood. Approximately 31.7 percent of the beneficiaries stated that they were not fully aware of the NSAP and IGNDPS since the awareness-generating initiative was not executed correctly.

Beneficiaries indicated that the pension was irregular and that they did not receive it regularly. They may or may not receive it each month, depending on the situation. Because of this, about 99.6 percent of the beneficiaries have grievances and concerns about how frequently the program runs. Among the issues, the beneficiaries witnessed rigidity in the selection and replacement procedure. They stated that because of inadequate central or state funding contributions for the program, it is very difficult to enrol new beneficiaries. Disabled individuals need to replace the deceased beneficiary to become one beneficiary.

Therefore, more than 99.7 percent of the beneficiaries reported having experienced problems with selection and replacement procedures such as rigidity. Almost 98 percent of the beneficiaries reported that the schools in their communities did not offer benefits like escort allowances, transportation allowances, or boarding allowances for students. A staggering 94 percent of the beneficiaries stated that their schools did not provide wheelchairs, crutches, spectacles, hearing aids, textbooks in tiny print, slates, styluses, or braille books. About 71.3 reported that they had not seen enough of the following in their neighbourhood or the school they attended: teachers, insufficient plans for people with disabilities, accessible restrooms, or rest spots.

Problems witnessed by administrative officials

Officials from Mizoram reported that the financial support provided to IGNDPS beneficiaries is insufficient, as it does not cater to a wider population segment or sustain the impoverished people. Due to financial instability and the lack

of appropriate revenue streams to assist NSAP, particularly IGNDPS beneficiaries, the state contribution is also inadequate. Therefore, to expand the scope of the program and increase the current pension rate to meet the beneficiaries' basic needs, the Mizoram government must take the required steps to generate cash or income-generating activities. The administrative officials also claim that the funds and financial support for the pension are so small, that the IGNDPS is not comprehensive enough. Even while the programme has provided coverage for a small number of eligible beneficiaries, many people with disabilities who are living in poverty and need the government programme are still uninsured. They reported that the programme should be sufficiently inclusive and cover a greater population in Mizoram.

One of the biggest issues the officials see is the absence of medical facilities to diagnose different kinds of disability. Medical facilities needed to diagnose different kinds of disabilities are lacking in Mizoram's hospitals, which negatively impacts the lives of those who are disabled. A disability certificate is required for those with disabilities. The type of disability must be determined or confirmed by the medical authorities in collaboration with a few pertinent medical facilities for the individual to have a disability certificate. Thus, this represents one of the difficult issues. The aspect of people with disabilities is hampered by rigid disability measurement, which leaves out children who also have difficulties. Furthermore, less than 80 percent of people with disabilities are disabled. Individuals with disabilities who are impoverished and have less than 80 percent disability are not eligible for the IGNDPS. Accordingly, the program falls short of meeting the requirements established by the Ministry of Rural Development, the Government of India.

Suggestions

The following suggestions have been put out to help beneficiaries and people with disabilities overcome obstacles, as well as to improve the performance of those in charge in this particular field. The following suggestions have been made to improve the living conditions of beneficiaries and people with disabilities in Mizoram as IGNDPS is a program designed to better the socioeconomic conditions

of the beneficiaries and the welfare of people with disabilities.

Disability certificate

It is crucial to note that all beneficiaries must possess a Disability Certificate from the Directorate of Social Welfare and Tribal Affairs, Government of Mizoram. Additionally, PwDs who are not currently covered by the scheme must obtain a Disability Certificate before becoming beneficiaries. Therefore, to make PwDs or their parents aware of the significance of obtaining an early Disability Certificate, the State Government needs to carry out more awareness-raising campaigns through field-level functionaries, television, the internet, newspapers, etc. A few of the beneficiaries lost their Disability Certificates that they had previously obtained.

Regular disbursement of pension

According to the survey data, some beneficiaries stated that the monthly pension scheme was irregular, even though some beneficiaries claimed that the pension they received was regular. According to some beneficiaries, the pension was paid out irregularly. Therefore, the Mizoram government should work to ensure that the beneficiaries receive a monthly pension or other financial support on time, with no needless delays or irregularities. Their monthly pension has to be paid to them every month to minimize complaints from the beneficiaries.

The Criteria relating to BPL must be revised and changed

The IGNDPS scheme targets populations below the poverty line (BPL). BPL Targeting leads to high barriers, and one study estimated that PWDs with severe disabilities and in the lowest income decile are excluded from the national disability pension. While income or consumption-based poverty line may serve the purpose of tracking a decline in poverty, it does not convey any information about how vulnerable the people just above the poverty line are. According to official sources, the BPL Census, 2002 (conducted by the Ministry of Rural Development (MRD) along with States/UTs) is used to identify beneficiaries under IGNDPS.

Eligibility should be based on vulnerability rather than income alone

For example, certain groups of the population move in and out of poverty at frequent intervals based on the seasonality of work. If social protection programs targeted to address poverty use income as an eligibility criterion, the program may not provide coverage to vulnerable groups.

Role of family members

To support the family members who are disabled, the relatives must cooperate. The majority of the selected beneficiaries have more than three family members. Therefore, the quality of health and living conditions of people with disabilities in society can be higher if every family member is devoted to caring for the disabled members of the family. Family members are required to transport them to hospitals for checkups. Family members must assist them in getting them to the doctor for identification and verification to receive a disability certificate.

Education & Awareness among parents

More beneficiary parents need to be well informed about their parents' medical issues and types of disability. Many parents are unaware of the right ways to care for their PwDs when to take them to the doctor or hospital for treatment, and the medicine that their PwDs should take daily. Therefore, the State Government must work to educate the parents of beneficiaries in every village about the health conditions of people with disabilities (PwDs), the necessary medicines and treatment they need to take, the significance of getting frequent checkups, and other relevant information. Regular health checkups for PwDs or beneficiaries in each village should be entirely the responsibility of the health functionaries, such as health workers and health and wellness officials. Parents are responsible for making sure PwDs in their family live in healthy environments and take the necessary medications.

Enhancement of state contribution

The State Government of Mizoram or the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, must also increase the current pension amount. The beneficiaries made good use of their IGNDPS monthly pension to purchase food, medicine, and other necessities. The beneficiaries' social status, financial situation, and general health are all greatly improved by the monthly pension. The beneficiaries will benefit more from a larger pension amount than they currently receive, and their standard of living will increase.

Greater population or larger coverage

According to some of the community members, there are people with disabilities who live in poverty and lower socio-economic groups and who must be confirmed by the government to receive a monthly pension. They claimed that the program must be inclusive for people with disabilities in Mizoram, the number of beneficiaries must be raised and the IGNDPS must cover more needy beneficiaries. Therefore, it is recommended that to reap the benefits of the pension scheme, the government of Mizoram must make a sincere effort to include a greater population. Currently, Mizoram provides a monthly pension to 742 Persons with Disabilities; however, if the State Government of Mizoram makes extra efforts, this figure could rise.

Strategies for effective caregiving

Self-Care: Caregivers must prioritize their well-being to effectively support their loved ones. This includes taking breaks, seeking support from friends and family, and engaging in activities that bring joy and relaxation.

Communication: Open and honest communication is essential in the caregiver-recipient relationship. Caregivers should actively listen to their loved ones' needs, preferences, and concerns, and communicate their boundaries and limitations.

Advocacy: Caregivers play a vital role in advocating for their loved one's rights and needs. Whether it's accessing healthcare services, securing

accommodations, or promoting inclusion in the community, caregivers can be powerful advocates for change.

Education: Continuously educating oneself about the specific disability and available resources is crucial for effective caregiving. This includes understanding medical conditions, learning about assistive technologies, and staying informed about relevant policies and legislation.

Seeking Support: Caregivers should not hesitate to seek support from professionals, support groups, or online communities. Connecting with others who are facing similar challenges can provide validation, empathy, and practical advice.

Respite Care: Taking regular breaks from caregiving responsibilities is essential for preventing burnout. Respite care services, which provide temporary relief for caregivers, allow them to recharge and attend to their own needs.

Strengthening civil society organisations working in the field of Disability

Civil Society Organisations that work in the field of disabilities, such as Mizoram Upa Pawl, Young Mizo Association, and Mizo Hmeichhe Insuihkhawm Pawl, should be strengthened in a way that would boost their capacity and competence to assist people with disabilities. The Mizoram government ought to be grateful for the unpaid work they did or the programs they provided for people with disabilities in their communities. Therefore, the State Government of Mizoram must provide financial, material, and moral support to active Civil Society Organisations like Mizoram Upa Pawl members to assist the relevant department in identifying individuals with disabilities in their villages more actively.

Young Mizo Association and Mizo Hmeichhe Insuihkhawm Pawl members need to be motivated to take a more active role in supporting people with disabilities by providing them with material, financial, and emotional support. Their assistance and involvement are essential for the efficient operation of the relevant department and the better implementation of the IGNDPS in Mizoram, as the State Government is unable to provide for all the needs of individuals with disabilities on its own.

Strengthening Anganwadi Workers & Village Council member

The Directorate of Social Welfare & Tribal Affairs, a responsible department of the Government of Mizoram, cannot provide all the services required for individuals with disabilities or the beneficiaries of the IGNDPS in Mizoram without the participation of Anganwadi Workers and Village Council Members. 26 percent of the beneficiaries said that Anganwadi Workers are the village level functionaries and 28.3 percent of the beneficiaries said that Village Council members are responsible in their communities. The current compensation of Anganwadi Workers and Village Council members is extremely inadequate, and they are not satisfied with it. For them to devote more time to assisting the responsible directorate in identifying individuals with disabilities in their areas, their compensation must be increased. The state government must provide them with material, financial, and moral support so that they can work more effectively than before for the welfare of IGNDPS beneficiaries and people with disabilities in their communities.

Sufficient personnel

It is necessary to fortify or augment the workforce, particularly at the directorate level. Field survey demonstrated that one of the issues of the State Government is the lack of employees or authorities. Since the beneficiaries of the IGNDPS are dispersed over several villages in Mizoram's remote areas, it is not possible to conduct regular field visits for thorough verification due to a lack of workers. For effective verification, the verification team needs sufficient time and members. Due to advancements in technology, beneficiaries' or their parents' cell phones can also be used for verification. The process of verification involves phone calls in Mizoram. On the other hand, several beneficiaries or the parents of beneficiaries have stated that the most effective means of verifying beneficiaries is through authority field surveys and visits. Therefore, it is suggested that the State Government sincerely attempt to supply the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram with sufficient personnel so that the agency can properly verify NSAP beneficiaries.

Rigid disability measurement

According to Central Government criteria, the IGNDPS is only available to individuals who meet the minimum eligibility requirement of at least 80 percent of the disability. In the meantime, some disabled people require care and support from the Mizoram State Government because they are impoverished and even if are not even qualified for the IGNDPS. Rigid disability measurement hampers the aspects of the persons with disabilities in Mizoram. It is necessary to ensure that all the needy persons with disabilities living in poverty are covered by the IGNDPS in Mizoram.

Strengthening government hospitals

Government hospitals need to be modernized and outfitted with facilities and amenities to accurately diagnose many types of disabilities. Work is done diligently by the Civil Hospital in Aizawl and Zoram Medical College to identify different types of impairments. Therefore, if some other government institutions have good medical equipment to diagnose and identify various forms of handicaps, it will be easier to fulfil the requirements. A training program for all medical staff is necessary to carry out the mission that will increase the number of doctors who are knowledgeable of how to recognize disabilities. The OCPD, Government of Mizoram states that the majority of medical staff are not qualified to fully diagnose a wide range of disabilities. The RPWD Act of 2016 needs to be understood by all medical professionals to ensure that it is applied correctly.

Strengthening public buildings & educational institutions

It may be difficult for people with disabilities to enter many public facilities, hospitals, schools, and even churches, but doing so will help them address their health difficulties, it is crucial to develop freely accessible and barrier-free environments for people with disabilities in all public buildings and educational institutions. All government agencies must carefully follow the guidelines for making reservations for both DP and AR. The Aizawl Municipal Corporation (AMC) is also responsible for ensuring that public buildings in Aizawl Municipal areas are constructed in a way that makes them universally accessible and in compliance with

the AMC construction criteria of 2012.

Disability inclusive environment

It is found that the beneficiaries did not receive a formal education because there were no qualified teachers available to teach the students with disabilities, they were unable to learn new skills, and they were unable to form friendships in the classroom. The government schools, specifically the elementary, middle, and high schools, should offer a disability-inclusive environment in Mizoram. Furthermore, a minimum of one certified teacher with a specific Bachelor of Education is required to instruct disabled individuals or those with employable qualities in Mizoram.

Resources & Facilities

Resources, tools, and assistive technology for PwDs and instruction must be available at the school. In actuality, there aren't enough schools that are accessible to people with disabilities, which prevents those who are capable of attending from doing so. Even though Mizoram has special schools in its urban areas, PwDs in its rural areas lack the resources, and special schools in their areas/villages/blocks. The Mizoram government must therefore make all of the local government schools handicap accessible by updating and equipping them. Poor people with disabilities need to have access to formal education.

Early disease prevention

Some beneficiaries or people with disabilities were unable to receive medical care in time as it was too much for even the parents to pay for the necessary medical care. Avoiding long-term impairments requires early disease prevention. Because of not receiving early prevention and detection of their diseases, many beneficiaries are permanently disabled. Data from the survey indicates that the beneficiaries' health is appalling. Therefore, the Mizoram government must organize more health camps for persons with disabilities and children with disabilities to receive early treatment to prevent chronic illnesses or disabilities.

Supportive devices and tools

Beneficiaries with locomotor disabilities who require wheelchairs and assistive materials to support their walking were found through the survey data. Although many of the wheelchairs are too old, too small, or not user-friendly enough for the beneficiaries with locomotor disabilities, some of them have already been provided by the Mizoram government. Additionally, some beneficiaries require government-provided hearing aids due to hearing impairments. Certain beneficiaries require special glasses due to low vision, but they are unable to purchase them. Therefore, the Mizoram State Government is asked to go above and beyond to furnish beneficiaries who are in need and living in poverty with wheelchairs, hearing aids, and eyeglasses.

Income generating activities

Some of the beneficiaries can make money from a variety of sources. Intriguingly, the community recognizes and values the activities that individuals with disabilities can participate in. Therefore, resources and financial support must be given to all beneficiaries or people with disabilities who may participate in income-generating activities. Some beneficiaries truly require help and backing from the government. The beneficiaries' socioeconomic circumstances will be improved and their level of living will be raised.

Outdoors and recreational activities

Persons with disabilities can participate in numerous activities. The Mizoram state government must provide them with additional possibilities to foster a sense of community, self-esteem, and belonging among people with disabilities. Outdoor play and recreational activities for people with disabilities must be organized so that not only IGNDPS beneficiaries, but all people with disabilities, can live a healthy lifestyle. The state government must attempt to provide funds or specific programs for developing outdoor games and recreational activities for people with disabilities in Mizoram.

Limitations of The Study

Out of 742 beneficiaries, 300 were visited for the study. The beneficiaries resided in various areas, villages, and districts of Mizoram. The total number of beneficiaries is relatively low, especially when compared to other schemes under NSAP. If the total number of beneficiaries were around 5000, conducting field visits or surveys would be less challenging. It is not feasible to find beneficiaries in every village in Mizoram.

All 11 districts including Aizawl, Serchhip, Hnahthial, Lunglei, Lawngtlai, Siahla, Champhai, Saitual, Khawzawl, Kolasib and Mamit were visited. During the field survey, the main challenges encountered were poor road connectivity and a lack of guest houses. Some beneficiaries were not available during the visits, potentially impacting the criticality of the survey data and findings.

All the visited villages have village council members or Anganwadi workers who are extremely helpful in identifying beneficiaries. Despite their availability to assist, certain beneficiaries or their parents struggled to provide sufficient or suitable answers. In such cases, input from other community members is sought. Hence, greater awareness of the scheme among beneficiaries or their parents can lead to obtaining more valid and precise data.

Dealing with people is difficult as it requires patience, humility, and intelligence. The purpose of the survey questionnaire is to specifically address significant research gaps and provide answers to pertinent research questions. Therefore, the community, administrative officials, and beneficiaries' voices are represented in the findings.

Scope for Future Research

The focus needs to be on addressing the issues faced by individuals with disabilities for their betterment today and in the future. It's not feasible for a single department or ministry to conduct surveys for all individuals with disabilities. Therefore, the involvement of more researchers with an interest in the field of

disability is essential to gather accurate data and achieve success. The lack of administrative officials to carry out field visits and surveys hampers the responsible department. Thus, the active participation of more researchers in the field of disability is necessary in Mizoram.

Identifying various types of disabilities is necessary. Entitling various persons with disabilities is important. Major problems such as financial instability, inflexible disability measurement, inadequate pension amounts, insufficient facilities, and lack of disabled-friendly public buildings and institutions are still prevalent. Therefore, researchers can focus on many areas in disability research.

Conclusion

The administrative officials had difficulties in matters relating to the selection and replacement process of the beneficiaries. Due to various factors such as poor health, poverty, poorly maintained roads, and inadequate transportation, the beneficiaries were unable to obtain a Disability Certificate. The administrative officials had to overcome several obstacles while implementing the scheme. Therefore, there must be proper coordination among the functionaries of IGNDPS to work together properly and enhancing their monthly pension amount is a must. The monthly pension must first be credited to the beneficiary's bank account or post office account, whichever is more practical. The success of the RPWD Act 2016 can be significantly increased by involving the community through Civil Society Organisations in Mizoram. Some government programs for disabled individuals are being overseen and monitored by the Young Mizo Association (YMA), Mizo Hmeichhe Insuihkhawm Pawl (MHIP), Mizoram Upa Pawl (MUP) and others. Therefore, the inclusion of Civil Society Organisations in numerous government programs for people with disabilities is necessary for proper implementation of every developmental programme in Mizoram.

Appendix-I

PHOTO GALLERY OF FIELD VISITS

(All photos were taken with the consent of the respondents)



Tlansawithangi. Hortoki. Kolasib District.



TL. Sangzeli. Thingdawl. Kolasib District.



Thangchuailovi. Thingdawl. Kolasib District.



Siamdingluaii's Mother. Thingdawl. Kolasib District.



Sangzela. Kawnpui. Kolasib District.



Nuhliri. Thingdawl. Kolasib District.



Lalhmuaka. Kolasib. Kolasib District.



Lalremruati. Thingdawl. Kolasib District.



Lalomega. Zanlawn. Kolasib District.



Lalnunmawii's Mother. Hortoki. Kolasib District.



Lalnunhlimi. Zanlawn. Kolasib District.



Lalmalsawmi's sister. Thingdawl. Kolasib District.



Lalchhanhima. Bualpui. Kolasib District.



Lalawmpuii. Kolasib. Kolasib District.



K.Lallianpuii. Kolasib. Kolasib District.



Camp Hmingthanga's Sister. Thingdawl. Kolasib District.



Biakliana's Wife. Zanlawn. Kolasib District.



Darhmingliani. Hortoki. Kolasib District.



Lalchhuanawma's Mother. Hortoki. Kolasib District.



Sangkungi. Siaha. Siaha District.



Nachai. Siaha. Siaha District.



Mankili's House. Siaha District.



Mankili's representative. Siaha. Siaha District.



Laltlanzara's Brother. Siaha. Siaha District.



Lalhnemi's daughter-in-law. Siaha. Siaha District.



Venus's Parents. West Phaileng. Mamit District.



Vanlalruatkimi. West Phaileng. Mamit District.



Lalrinpuui. West Phaileng. Mamit District.



Lalrempuii. West Phaileng. Mamit District.



Lalnunmawia. West Phaileng. Mamit District.



Lalhriatpuui. West Phaileng. Mamit District.



Lalhmingthaa. Dapchhuah. Mamit District.



Kalpana. West Phaileng. Mamit District.



R. Vanlalenga. West Phaileng. Mamit District.



Lalduhzuali's Mother. West Phaileng. Mamit District.



Lalramthangi's Husband. Chhipphir. Hnahthial District.



Lalbiakhluta. Chhipphir. Hnahthial District.



Zodinthari. Bualpui V. Hnahthial District.



Lalrinzuali. Chhiahtlang. Serchhip District.



Zakhumi. Chhiahtlang. Serchhip District.



Lalsangliani. Serchhip VII. Serchhip District.



V. Lalhlimpaia. Chhiahtlang. Serchhip District.



Tinthanga and his Wife. Thingfal. Lunglei District.



Ramropuia's Mother. Tawipui South. Lunglei District.



Laltlanmawii. Tawipui North. Lunglei District.



Laltlanmawii and her Husband/Care taker. Tawipui North. Lunglei District.



Lalduhawmi. Mausem. Lunglei District.



Laldawngliana's Care Taker. Tawipui South. Lunglei District.



Lalawmpuii. Tawipui South. Lunglei District.



Tinthanga. Thingfal. Lunglei District.



Lalrindiki. Lawngtlai V. Lawngtlai District.



Malsawmropuia. Lawngtlai V. Lawngtlai District.



Lalremruata's Mother. Lawngtlai. Lawngtlai District.



Vanlalchhunga. Lawngtlai. Lawngtlai District.



Dominic Lalhruaitluanga. Govt Complex. Aizawl. Aizawl District.



Dinthangi. Samlukhai. Aizawl District.



Zomuanpuii. Zemabawk. Aizawl. Aizawl District.



Lalnunthari. Sairang. Aizawl. Aizawl District.



Ramnunsanga. Hmuifang. Aizawl District.



Vanlalhruaia. Keifang. Saitual District



Kaphnuna. Keifang. Saitual District.



Home decoration items made by Kaphnuna. Keifang. Saitual District.



Lalniengi. Puilo. Khawzawl District.



Lalthlamuana. Khawzawl. Khawzawl District.



Vanneihpari. Vengthlang N. Champhai. Champhai District.



Lalruatmawii. Vengthlang N. Champhai. Champhai District.



Lalramdinsanga. Vengthlang N. Champhai. Champhai District.

INTERVIEW SCHEDULE OF IGNDPS BENEFICIARIES

**Interview Schedule for Beneficiaries of
National Social Assistance Programme in India: A Case Study of Indira Gandhi
National Disability Pension Scheme in Mizoram.**

**The Interview Schedule has been prepared in connection with data collection
for the award of the degree of Doctor of Philosophy under the Department of
Public Administration, School of Social Sciences, Mizoram University. The Data
and Information collected will be treated as confidential and used for academic
purposes**

- 1. Age:**
- 2. Gender:** Male / Female / Third Gender
- 3. Marital Status:** Married / Unmarried / Widows / Separated or Divorce if any
- 4. Do you have children:** Yes/No
- 5. If you have children, how many children do you have?**
- 6. Educational Qualification:** Illiterate / Primary School / Middle School /
School / HSSLC/Graduate / Post Graduate / Any others
- 7. Where did you study?**
 - a) Government School b) Training Centre c) Private School
 - b) d) Religious School e) Not Educated f) In the Family/With Someone
 - d) Special School e) any other (specify)

- 8. Religion:** Christian / Hindu / Muslim / Jain / Sikh / Buddhist Others
- 9. Denomination:** Presbyterian / Baptist / Salvation Army / Roman Catholic /
United Pentecostal Church / Others
- 10. Social Category:** PHH/BPL / AAY / APL/
- 11. Kindly mention the name of the Family Occupation.**
- 12. If you have a job, kindly mention the name of your job.**
- 13. Do you have any income-generating activity?**
- 14. Annual Household Income:**
- 15. What is your family size?**
- 16. Do you have Disability Certificate?**
- 17. What is your current health status?**
- 18. How do you know about IGNDPS?**
 - a) Family Members b) YMA c) MHIP d) MUP e) AWW f) VC members
 - g) News Paper h) Radio Television i) From Community j) Neighbour
- 19. What type of disability do you have?**
- 20. What mode of payment do you receive your pension?**
 - a) Cash b) Bank Account Transfer c) Post Office Cheque d) Other
 - (Specify)
- 21. Who are the functionaries for the IGNDPS at the local level?**
 - a) AWWs b) VC/LC members c) MHIP d) YMA e) MUP f) SHG
 - g) Any Other (specify)
- 22. What is the level of awareness from the authority?**
 - a) Very Good b) Good c) Good nor bad d) Bad e) Very Bad
- 23. How many times is verification conducted by authority?**

- a) Once a year b) Twice a year c) Thrice a year d) others

(specify)

24. Did you receive any support from other schemes? If yes, specify.

25. How often do you get a health checkup?

- a) Regularly b) Occasionally c) Never

26. For what do you Spend the Pension money received from IGNDPS?

- a) On Food b) On Medicine c) On the needs of others d) Others

(specify)

27. Please state your level of agreement with the statement: IGNDPS is very useful to you.

- Strongly agree b) Agree c) Disagree d) Strongly disagree

28. What is the impact of IGNDPS on your health condition?

- a) Very Good b) Good c) Good nor Bad d) Very Bad

29. What is the impact of IGNDPS on your Social Status?

- a) Very Good b) Good c) Good nor Bad d) Very Bad

30. What is the impact of IGNDPS on your financial condition?

- a) Very Good b) Good c) Good nor Bad d) Very Bad

31. Please state your level of agreement with the statement: IGNDPS is found inadequate.

- a) Strongly agree b) Agree c) Disagree d) Strongly disagree

32. Please state your level of agreement with the statement: IGNDPS is found irregular.

- a) Strongly agree b) Agree c) Disagree d) Strongly disagree

33. Please state your level of agreement with the statement. The selection and replacement process is rigid.

- a) Strongly agree b) Agree c) Disagree d) Strongly disagree

34. Are you aware of the following?

- a) Medical Test b) RPWD Act 2016 c) Government Hospitals
- d) Medical Facilities e) functionaries

35. If you attended School, are the following problems witnessed by you?

- a) Lack of Trained teachers b) Lack of techniques for PWDs c) The school is not friendly c) The school does not support PWDs d) There is no disabled-friendly toilet e) Medical Assessment camp is not yet organized f) Lack of infrastructure facilities g) Lack of child care facilities h) Lack of Disable friendly Toilet i) Lack of Stair Case j) Lack of Wheelchair k) Lack of Rest Room

36. What kind of support/equipment/Assistive devices are provided to your school?

- a) Wheelchairs b) Crutch c) Spectacles d) Hearing Aid e) Large Print Textbook f) Braille Books/paper g) Slate and stylus h) Others (specify)

37. Does your school have a translator for blind children and children with autism spectrum disorder?

38. Do you face any issues in receiving a pension after changing village?

39. Is Health Service available in your locality?

40. Do you do any household tasks?

41. Do you think education is useful: Yes/No

42. Do you face any form of discrimination in the society?

43. Did the Teachers complete a special B.Ed course or are they eligible or qualified to teach in the Special Schools?

44. How would you rate the present support service system in your school?

- a) Good b) Average c) Poor d) Very Poor

45. What kind of allowances are provided to you?

- a) Uniform allowance b) Book and stationary allowance c) Escort allowance d) Transport allowance e) Boarding/Hostel f) Others
(Specify)

46. Please state if you have any Suggestions for Improving the Scheme.

QUESTIONNAIRE OF ADMINISTRATIVE OFFICIALS

1. How do you address the dedication of the accountable officials or employees at the village?
2. Do local or village-level coordination committees exist to oversee the IGNDPS?
3. Do you have enough employees to manage the IGNDPS?
4. Do you believe that the State Government is dedicated to IGNDPS administration and facilitation?
5. Please state your level of agreement with the statement. The annual financial assistance for IGNDPS beneficiaries is found adequate.
 - a) Completely Disagree b) Somewhat disagree
 - c) Neutral d) Somewhat agree e) Completely Agree
6. Please state your level of agreement with the statement. The annual financial assistance for IGNDPS beneficiaries is found adequate.
 - a) Completely Disagree b) Somewhat disagree c) Neutral
 - d) Somewhat agree e) Completely Agree
7. Is the IGNDPS fund released to the Beneficiary's account in time? And how many times the monthly pension is released in a year?
 - a) Yes, the fund is released in time
 - b) No, the fund is not released in time
 - c) Every month, the fund is deposited to the beneficiary's account

- d) The fund is deposited half yearly to the beneficiary's account
 - e) The Fund is deposited to the beneficiary's account annually
- 8.** What is the level of awareness given to you?
- a) Excellent b) Good c) Moderate d) Bad e) Extremely bad
 - f) Never g) Any other
- 9.** Did you organize health certification and assessment camps for PWDs to avoid diseases such as mumps, measles, etc?
- a) Occasionally b) Frequently c) Rarely d) Never
- 10.** Do you think that IGNDPS is inclusive enough and that all eligible beneficiaries have been covered under the scheme as per the rules?
- a) Yes b) No
- 11.** Do you think that the inclusion of Anganwadi Workers as field-level functionaries is effective enough?
- a) Yes b) No c) Don't Know
- 12.** Can you please show the Budget for the last five years?
- 13.** How much amount of money has been sanctioned for the IGNDPS Beneficiaries during 2020-2023.
- 14.** What is the mode of generating awareness?
- a) Radio b) Television c) News Paper d) Google e) Facebook
- 15.** What's Up g) Instagram h) Field Visit i) Any Other
- 16.** Do you have trouble choosing the program's beneficiaries?
- 17.** How is the pension fund flow?
- 18.** How well-coordinated is the DSWO with other state officials who have similar responsibilities?

- 19.** What are the main hurdles and problems you faced in the implementation of IGNDPS?
- a) Paucity of Funds
 - b) Lack of Strict orders on the part of the Government
 - c) Increase in demands but lack of Increase in Funds
 - d) All of the above
- 20.** Is appropriate verification carried out on a regular or irregular basis?
- 21.** What is the process for selecting and verifying beneficiaries?
- 22.** What range of disabilities does the Authority accept?
- 23.** Do you have problems using the 80 percent disability criteria? Do you meet this standard?
- 24.** Is the department coordinating with the bank to debit the beneficiary's account with the pension amount? If yes, kindly specify the name of the bank and the nature of your affiliation with it.
- 25.** Do you experience any issues when transferring pension funds to beneficiary accounts?
- 26.** Please state if you have any Suggestions for Improving the Scheme.

CERTIFICATE OF COVERAGE

Government of_____

Year_____

**INDIRA GANDHI NATIONAL DISABILITY PENSION SCHEME
(IGNDPS)**

This is to certify that (numbers) persons eligible and belonging to BELOW Poverty Line (BPL) household both in rural and urban area have been covered under IGNDPS) and are receiving the pension.

It is also confirmed that for the purpose of identifying new eligible beneficiaries under IGNDPS, the guidelines of NSAP, have been followed

Signature

Secretary of Nodal Department for NSAP

Or

Office designated

Date

Seal

Appendix-V

MONTHLY/QUARTERLY PROGRESS REPORT

1. Opening balance under NSAP as on 1st April (in lakh)	
2. Funds Released for NSAP, up to month of reporting (in lakh)	
3. Total Available funds	

Item	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Indira Gandhi National Widow Pension Scheme (IGNWPS)	Indira Gandhi National Disability Pension Scheme (IGNDPS)	National Family Benefit Scheme (NFBS)	Annapurna
1. Total Funds Utilised (in lakh)					
2. Mode of Disburse					

ment (in number)					
a. Bank Account					
b. Post Office Account					
c. Money Order					
d. Cash					
3. Total number of Beneficia ries					

Report for every Quarter (June, September, December, March) should come in the same format with cumulative figures. State to ensure that similar reports are received monthly from districts and Municipalities. Release for next Quarter will be based on figure reported in Quarterly Progress Report/Monthly Progress Reports (MPRs)

Signature of Designated Officer

Name

Seal

MODEL SANCTION ORDER

**NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP) MODEL
SANCTION ORDER**

IGNOAPS/IGNWPS/IGNDPS

Sanction Order no._____ **Date** __/__/__

Until further notice on the expiry of every month be pleased to pay

Shri/Smt/Ms._____

name_____, **Age**_____ **Father's/ Husband's**

Gram Panchayat/Ward/Municipality_____

SubDistrict_____ **Area** _____

District_____ **State** _____, **at the rate of**
Rs. _____ **per month from** _____.

Pension Disbursement Authority (PDA) _____

Signature & Seal

Sanctioning Authority_____

PENSIONER'S PASSBOOK MODEL

NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP)

Pensioner's Pass Book Model

IGNOAPS/ IGNWPS/ IGNDPS

Name of Pensioner _____, **S/o/W/o**

Adress _____ **Village/**

Ward _____ **Gram** **Panchayat/**
Municipality

Sub District/ Block _____ **District** _____

State _____

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ABSTRACT

NATIONAL SOCIAL ASSISTANCE PROGRAMME IN INDIA: A CASE STUDY OF INDIRA GANDHI NATIONAL DISABILITY PENSION SCHEME IN MIZORAM

**AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF
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PHILOSOPHY**

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DEPARTMENT OF PUBLIC ADMINISTRATION

SCHOOL OF SOCIAL SCIENCES

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**NATIONAL SOCIAL ASSISTANCE PROGRAMME IN INDIA:
A CASE STUDY OF INDIRA GANDHI NATIONAL DISABILITY PENSION
SCHEME IN MIZORAM**

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**NATIONAL SOCIAL ASSISTANCE PROGRAMME IN INDIA:
A CASE STUDY OF INDIRA GANDHI NATIONAL DISABILITY PENSION
SCHEME IN MIZORAM**

Our country is a welfare state in which the people must be treated equally without discrimination irrespective of caste, colour, creed and sex. In India, disability can be considered a major throwback. There are different issues, different social security programs, and rehabilitation measures for people with disabilities in different countries. India has a diversified population, in which one can easily find one or more people with disabilities among the masses. People working in the agencies or groups responsible for persons with disabilities think that the number of persons with disabilities revealed in the census data is a very small percentage of the actual data.

Social security is described as protection provided by society through appropriate organizations against specific risks faced by its members. According to the ILO, social security is the assurance provided by society through suitable structures against risks like sickness, maternity, disability, old age, and death that individuals with limited resources cannot adequately address on their own. These risks threaten the ability of the working class to sustain themselves and their dependents in good health and living conditions.

Social assistance can be defined as a benefit in cash or in-kind, financed by the state government or central government and usually provided based on a means or income test. Social assistance programmes have traditionally been designed to help vulnerable people cope with their difficulties. Social Pension can be defined as financial assistance provided by the state government and central government to persons with disabilities, the elderly, widows, people living in poverty, and destitute.

Family-centric approach is perhaps the oldest approach in which the family plays an active role in social welfare provision. The institutional model of social welfare is centred on the structured framework that offers services to individuals to

meet their needs. The residual approach conceives of welfare provision by the government as the last resort. It is based on the idea that people can resolve the problems themselves. Under the mixed-economy approach, welfare policies are managed more effectively by the public and private sectors working together than they would in an operation centred around bureaucracy. The system Model is a normative approach based on the belief that social welfare can best be promoted through collective action and the pooling of resources. A significant outcome of the medical model of disability is that individuals with disabilities often feel excluded, undervalued, and pitied by society. The social model emphasizes the difference between "impairments" and "disabilities". Impairments are seen as the functional limitations individuals may face, such as the inability to walk, while disabilities are the societal disadvantages imposed on individuals due to the perception of impairments as abnormal. The human rights-based model of disability builds on the social model by recognizing that people with disabilities have rights and asserting that the state and others have a responsibility to respect those rights. Bio-psychological model is presented as integrating the medical model and the social model into what is called a bio-psychosocial model. Economic and Vocational model defines disability in terms of reduced ability to work, the related loss of productivity and economic effects on the individual, employer and society in general. The Minority Group model has also been applied to describe the status of disabled people and frame legal measures and policies to ensure equality and non-discrimination to PwDs to mainstream the disabled.

The National Social Assistance Programme (NSAP) was launched on August 15, 1995, as an addition to the benefits that the states already offer or may offer in the future, and to ensure national minimum levels of social support for the weaker or more vulnerable segments of society.

Review of Literature

A study of the National Social Assistance Programme is not a new subject. Various research articles have been published on matters relating to NSAP in India. A case study of the Indira Gandhi National Disability Pension Scheme in Mizoram is

a new area of study. The reviews undoubtedly revealed the programs, plans, laws, and regulations aimed at the welfare of disabled people in India and Mizoram and the roles and responsibilities of the departments and the nodal ministry implementing the programs. However, no study specifically reveals the socio-economic conditions of the beneficiaries of the Indira Gandhi National Disability Pension Scheme in Mizoram.

J. Suresh Kumar, and D. Shobana, (2024), in their article entitled “A Study on Evaluation and Implementation of Indian Social Security Programs and Initiatives in India”, revealed that Policymakers and programme managers should carry out routine evaluations, communicate with stakeholders, and put adaptable, flexible solutions into place to address these issues. The suggestions made by the literature are comprehensive Outreach and Awareness Campaigns, Enhanced Data Management, Simplified Application Processes and implementation of user-friendly online portals and mobile applications for easy enrollment, Community Engagement and Empowerment, Continuous Learning and Capacity Building and Public-Private Partnerships etc.

Ministry of Rural Development, Government of India, (2023), in the report entitled, “Report of the Comptroller and Auditor General of India on Performance Audit of National Social Assistance Programme”, highlighted that NSAP Guidelines stipulated that Social Audit was to be conducted at least once in every six months by the Gram Sabha/Ward Committee. The total estimated allocation of ₹ 172.24 crore towards social audit as part of administrative expenses was shown as utilized as per the norms even though social audit was not conducted at all in more than 70 per cent of the States/UTs. The audit noted that a social audit was not at all conducted in 25 States/UTs.

Abhilasha Kotwal, (2021), in the article entitled, “A Budget-Beneficiaries Analysis of the National Social Assistance Programme in Respect to the Social Sector in India”, revealed that IGNDPS ignored the rest of the disabled population of India that does not fall under the 80 percent disabled criteria, which enforced equality. He found that the use of BPL methodology for the identification of the

beneficiaries is unreliable as a substantial number of individual households are still unaccounted for as below the poverty line, which in turn leaves them out of the beneficiary count of the National Social Assistance Programme.

Research Gap

From the aforementioned literature review, it can be seen that a large number of studies have been conducted in this field. The reviews undoubtedly revealed the programs, plans, laws, and regulations aimed at the welfare of disabled people in India and Mizoram and the role and responsibilities of the departments and the nodal ministry implementing the programs. However, no study specifically reveals the socio-economic conditions of the beneficiaries of the Indira Gandhi National Disability Pension Scheme, the demographics of the beneficiaries, and the role and responsibilities of the IGNDPS functionaries at the field, state, and national levels. No major research has yet been done in this area. There are no relevant studies that reveal measures or recommendations to address the problems faced by IGNDPS beneficiaries and officials of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. That is why the researcher has chosen this topic. This study revealed various constraints, problems, and obstacles that continue to threaten the rights of disabled persons and beneficiaries of the Indira Gandhi National Disability Pension Scheme. The literature review was researched by obtaining information from various books, journals, and websites. The literature review has shed light on various issues related to the rights of differently abled and disabled persons, but no research has been found on the current topic "National Social Assistance Programme in India: A Case Study of Indira Gandhi National Disability Pension Scheme in Mizoram". Hence the present research is done as there is no other research on the Indira Gandhi National Disability Pension Scheme in Mizoram.

Statement of the Problem

Rigid disability measurement rules prevent aspects of disability that do not conform to the disability plan. Some disabled people are economically and socially backward and need the government's help, but due to India's rigid disability measure,

many disabled people are not eligible for the Indira Gandhi National Disability Pension Scheme. in India and even in Mizoram. Disability stigma also hinders the lives of disabled people. They may be denied access to the pension system and other social security programs available to them. These barriers need to be broken down through awareness. The inclusion of disabled people in the decision-making process and the participation of disabled people at a structural level would increase trust and reduce and eliminate the stigma of disability in society.

Excluding the disabled population that does not meet the 80 percent disabled requirement creates an inequity where assistance is provided to only a fraction of the disabled community. In addition, lack of awareness is one of the obstacles that prevent disabled people from accessing social security and the national pension system for disabled people. The main challenges are limited public awareness and raising the awareness of the beneficiaries. Lack of training and awareness of people working in the government on disability-related issues is also a difficult problem. Lack of awareness among teachers, administrators, the general public, and people with disabilities remains a major challenge. The lack of a measure to adjust the amounts given based on pensions to the inflation rate by harmonizing them with the central government is a big challenge. In addition, persons wishing to use the pension system must have a certificate of severe or compound disability. The central assistance under the Indira Gandhi National Disability Pension Scheme is Rs. 300 per month per beneficiary. At the same time, the State Government of Mizoram is required to contribute at least the same amount to the pension amount. Both the central contribution and the state government contribution are inadequate for the poor and it becomes difficult to get necessities through monthly pensions. Thus, it is said that the amount of pension was not properly reviewed to increase the amount of pension for people with compound disabilities.

Scope of the Study

The study focused on the historical background, main features, components, and objectives of the National Social Assistance Programme in India and Mizoram. The study examined the administrative setup and working of the Directorate of

Social Welfare & Tribal Affairs, Government of Mizoram in the implementation process of the Indira Gandhi National Disability Pension Scheme. The study covered the implementation of the scheme and assessed the socio-economic conditions of the beneficiaries of the Indira Gandhi National Disability Pension Scheme and their impact. The study found out the problems, issues, and challenges faced while implementing the scheme. Finally, the study came up with measures, recommendations, and suggestions for further improvement of the scheme and proper implementation, which would benefit differently-abled people at large.

Objectives of the Study

1. To study the historical background of National Social Assistance Programme in India and Mizoram
2. To study the main features, components, and objectives of Indira Gandhi National Disability Pension Scheme in Mizoram
3. To study the administrative setup and working of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram
4. To study the implementation process of India Gandhi National Disability Pension Scheme in Mizoram
5. To study the Impact of Indira Gandhi National Disability Pension Scheme on the socio-economic conditions of the beneficiaries in Mizoram and
6. To find out the problems, issues, and challenges faced while implementing the scheme in Mizoram and to give suggestions for the proper implementation of the scheme that would benefit differently-abled persons at large.

Research Questions

1. What is the historical background of National Social Assistance Programme in India?
2. What are the main features, components, and objectives of National Social

Assistance Programme?

3. What is the administrative setup and working of Directorate of Social Welfare & Tribal Affairs, Government of Mizoram?
4. How is Indira Gandhi National Disability Pension Scheme implemented in Mizoram?
5. What are the impacts of Indira Gandhi National Disability Pension Scheme on the socio-economic conditions of the beneficiaries in Mizoram?
6. What are the problems, issues and challenges faced while implementing the scheme in Mizoram and suggestions for the proper implementation of the scheme which would benefit differently-abled persons at large?

Methodology

The study is based on descriptive design and is cross-sectional in nature. Both primary and secondary sources of data were collected for the present study. A mixed-method approach was adopted to collect primary data from the officials of the Social Welfare Department, Government of Mizoram as well as from the selected districts to gain a better knowledge of the situation of persons with disabilities in the study area. The survey was conducted to collect the primary data all over the state, besides that case study and direct observation method also were used to study in detail. There are 15,160 persons with disabilities in Mizoram according to the data from the Office of Commissioner for Persons with Disabilities, Government of Mizoram. There are 742 people with disabilities in Mizoram, according to data from the Directorate of Social Welfare & Tribal Affairs, Government of India. Stratified proportionate sampling method were adopted to select a sample: Total sample size is 300. By using lottery method method and samples were drawn.

A Semi-structured interview schedule was used to get information from the beneficiaries under IGNDPS of Mizoram. A mixed type of questionnaire (both closed and open-ended) was distributed among the administrative officials of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, Office of

the State Commissioner for Persons with Disabilities. A personal interview was conducted with the State Commissioner for Persons with Disabilities in Mizoram to know about the rules, regulations, and functioning of the office of the State Commissioner for Persons with Disabilities. The collected data were analyzed by using descriptive statistics in the form of simple percentages, frequency distribution proportions, etc. SPSS (Statistical Package for the Social Sciences) software was used for data analysis.

Chapterisation

The thesis has been divided into seven chapters:

The first chapter is “Introduction: A Conceptual Framework” which provides general background information on the components of the National Social Assistance Programme and Indira Gandhi National Disability Pension Scheme in India and Mizoram. The chapter includes social policy, social security in India, constitutional provisions, concept and definition of disability, theoretical framework, Rights of Persons with Disabilities Act 2016, The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 etc. The Chapter includes an introduction, a review of the literature, research gap, statement of the problem, scope of the study, objectives of the study, research questions, methodology and chapterisation.

The second chapter is “National Social Assistance Programme in India and Mizoram” which deals with the historical background of NSAP, the administrative arrangement of NSAP, highlights the funds-related matters and the procedure for the release of the first instalment and second instalment, the disbursement of pension, some methods that have combined with NSAP State-specific variations of guidelines.

The third chapter is the “Administrative set-up and working of the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram” which deals with the history of the Social Welfare Department which was set up as a separate division within the Education Department between 1973 and 1974, the responsible functionaries or agencies such the Mizoram Social Defence & Rehabilitation Board,

The Jordan Centre at Sethawn, the Disability Pension, the Eklavya Model Residential School (EMRS), National Social Assistance Programme and Deendayal Disability Rehabilitation Scheme (DDRS) etc.

The fourth chapter is “Implementation of Indira Gandhi National Disability Pension Scheme in Mizoram” which deals with the financial assistance of the scheme, the goals and objectives of IGNDPS and the district-wise beneficiaries list, the implementation processes of the scheme such as how the responsible authority is linked with field-level functionaries, The necessary documents required to be obtained by the beneficiaries to apply for the scheme and, the role and functions of the implementing agencies etc.

The fifth chapter is “Impact of Indira Gandhi National Disability Pension Scheme on the Socio-economic Conditions of the Beneficiaries in Mizoram” which includes the Socio-demographic details of the respondents such as the age group of the beneficiaries, gender-wise category of beneficiaries, marital status, educational qualification, denomination, social category such as BPL, APL, AAY, PHH, religion of the beneficiaries, etc.

The sixth chapter is “Results and Discussion” which includes all findings from the Interview schedule such as the beneficiaries’ questionnaire and administrative official’s questionnaire.

The seventh chapter is “Summary, Major Findings, Conclusion and Suggestions” which contains the summary of all the chapters from Chapter I to Chapter VII. The chapter gave important suggestions and recommendations for the proper implementation of the scheme. Suggestions have been made from the problems faced by the beneficiaries, the caretakers of the beneficiaries, the administrative officials, and the community.

Major Findings

The key findings include results from a field survey as well as data obtained from all the respondents like the community, and responsible administrative officials.

Identification & Verification of the beneficiaries

Village-level functionaries are responsible for the identification process of the beneficiaries of the Indira Gandhi National Disability Pension Scheme. So, the verification team (responsible administrative officials in DSW&TA, Government of Mizoram) is responsible for carrying out activities for identification and verification. The verification team carried out the tasks with the help of Anganwadi Workers/Village Council Members/Mizoram Upa Pawl. The local-level functionaries are given a central role. The concerned department has to sensitise the eligible criteria to the local authorities under NSAP.

Application process

Applications are needed for the enrolment of new beneficiaries. A specimen form is given to the people. The application form must be free of cost and available at the concerned department's website, which should also be downloadable. Field-level workers such as Anganwadi Workers, Mizoram Upa Pawl, and Village Council Members are tasked with giving application forms to needy people who want to be beneficiaries and getting the forms filled up. These applications should be verified by the verification team concerning facts related to eligibility. The application should be verified within two weeks from the date of receipt of the application.

Amount of pension

The beneficiaries of IGNDPS in Mizoram who are between the ages of 18 and 79 receive Rs.400, and those over 80 receive the same amount. Therefore, the central government would provide Rs.500 to IGNDPS beneficiaries who are 80 years of age or older as a result of the work done by the Ministry of Rural Development, Government of India. The implementation of this is scheduled for the fiscal year 2024–2025. Beneficiaries who are 80 years of age or older will soon receive Rs.600 (Rs.500 from the central government and Rs.100 from the state government), according to the report of the concerned department.

Sanction and Disbursement of pension for IGNDPS/NSAP

The sanctioning authority (DSWOs) has to approve the applicants in the form of a sanction order and should issue a sanction order with the seal. Every beneficiary who has been sanctioned IGNDPS was issued a pension Passbook. The funds for the schemes are released as Additional Central Assistance (ACA). It is released by the Ministry of Finance, Government of India to the States or State Treasury Office or Office of the Chief Controller of Accounts, Accounts & Treasuries, Government of Mizoram. The fund for NSAP is to be released to the State Treasury Office, with the prior permission of the Finance Department, Government of Mizoram, the fund is to be released to the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. The department is responsible for crediting or transferring the pension fund to each beneficiary account following the direct benefit transfer system.

The finance department's and other parties' obligations regarding the pension fund transfer

The transfer of the pension money from the State Treasury Office to the Directorate of Social Welfare and Tribal Affairs, Government of Mizoram, is possible with the permission of the Finance Department, Government of Mizoram. In terms of the IGNDPS, the Mizoram Integrated Financial Management and Information System department is responsible for all calculations and data analysis.

The Mizoram Integrated Financial Management and Information System (IFMIS) is initiated under the Finance Department and implemented through the Fiscal Management Unit Cell, Government of Mizoram. The Mizoram IFMIS is meant to be a centralized Information and Data handling, processing, and management system based upon a central data warehouse to record and report all relevant financial transactions about the Government of Mizoram thus providing reliable data analysis, decision support, financial monitoring, reporting frameworks, and other necessary avenues for proper financial management within the State.

Issues with disability certificate

From the field survey, it was found that 230 beneficiaries have disability certificates and 70 beneficiaries have issues with disability certificates. Some of the beneficiaries reported that they obtained their Disability Certificates from the Directorate of Social Welfare and Tribal Affairs, Government of Mizoram, through the Civil Hospital in Aizawl. Some of the beneficiaries said that, with the assistance of Zoram Medical College, they obtained a disability certificate. As per the report of some of the beneficiaries, Synod Hospital, Durtlang assisted them in obtaining a disability certificate.

The funding pattern of IGNDPS/NSAP

NSAP is one of the core schemes of Centrally Sponsored Schemes in India. The current funding pattern of NSAP under CSSs in Mizoram is 90:10. The central government has more resources than the state governments, so CSSs are intended to supplement the state government's efforts. CSS can be regional or national in scope. The funding pattern for Centrally Sponsored Schemes (CSSs) in India varies depending on the state and can be 50:50, 70:30, 75:25, or 90:10. For North Eastern and Himalayan States, the funding pattern is 90:10. In all other States: The funding pattern is 60:40. Centrally Sponsored Schemes (CSSs) are those schemes which are implemented by the state governments but sponsored by the central government with a defined shareholding.

Anganwadi Workers

The Anganwadi Workers are the village-level functionaries who carry out the duties delegated to them by the state government of Mizoram and their dedication at the village level to the beneficiaries of IGNDPS is remarkable. They used to gather information about the beneficiaries or persons with disabilities and submit it to the authorities. They are aware of the Indira Gandhi National Disability Pension Scheme and their primary responsibility may be to support the growth of Integrated Child Development Services and care for Anganwadi and teenagers, pregnant women, and nursing mothers, but they participated actively in the implementation process of the

Indira Gandhi National Disability Pension Scheme.

Mizoram Upa Pawl & IGNDPS

Mizoram Upa Pawl members have shown extraordinary and noteworthy attention to the pension scheme's achievement. Mizoram Upa Pawl members actively contribute to the success of the Indira Gandhi National Old Age Pension Scheme, one of the National Social Assistance Program's components. However, they also assist the authorities in gathering information about beneficiaries of IGNDPS at the village level. It has been found that Mizoram Upa Pawl members are actively involved in locating and identifying senior citizens who qualify for the Indira Gandhi National Old Age Pension Scheme as well as disabled individuals who qualify for IGNDPS in Mizoram.

Village Council Members & IGNDPS

At the local level, the village council members also play a crucial role in the welfare of persons with disabilities and beneficiaries. The village council members informed the beneficiaries by phone or through the village council information centre when officials advised them to call a meeting for verification. Proper verification or a field visit can be carried out because of the active involvement of village council members in the implementation process of the IGNDPS.

Role Played by the District Social Welfare Offices, the Government of Mizoram, and the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram

The relevant departments—the District Social Welfare Offices, and the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram performed their duties actively and were fully aware of the directives from the Central Government. Yet, more officials are required to properly verify the beneficiaries who are currently in place. Even though they actively participate in working with village-level officials, they still require more staff members to enhance working conditions and their collaboration with beneficiaries and village-level functionaries. They

provided long-distance service to beneficiaries in various districts and villages. It was observed that they needed more staff members to oversee the programme. They maintain contact with local-level officials, such as Village Council members, Mizoram Upa Pawl members, and Anganwadi Workers, and collaborate with them on the necessary tasks.

The State Government of Mizoram made serious attempts to raise awareness.

The Directorate of Social Welfare & Tribal Affairs, Government of Mizoram raised awareness via a variety of media, including newspaper, radio, television, google, and other means. Through the aforementioned methods of raising awareness, they emphasized the goals, the purposes, and how the scheme is implemented. It's vital to remember that the DSW&TA released a brief but meaningful film on DDK, a YouTube channel, which succinctly outlined the goals and functions of the programme. People will therefore have no trouble understanding these short films and videos. Additionally, the Young Mizo Association, Mizo Hmeichhe Insuihkhawm Pawl, Mizoram Upa Pawl, Anganwadi Workers, and Village Council Members were engaged as field-level functionaries.

Assessment & Certification

Periodically, the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram conducted assessment and certification camps for individuals with disabilities. Due to their remote and inaccessible locations, several disabled people who reside in different parts of Mizoram are unable to visit the hospitals. The people with disabilities received appliances and help from these camps, including wheelchairs, crutches, and hearing aids. The Department of Health and Family Welfare, the Regional Centre of the National Institute of Locomotor Disabilities (NILD), and the Directorate of Social Welfare & Tribals Affairs, Government of Mizoram, work together to organize the camps.

State-wise details of assistance under IGNDPS

The central contribution for the states in India for the particular scheme of IGNDPS is Rs. 300. Andhra Pradesh, Arunachal Pradesh, Goa, Haryana, Himachal Pradesh, Jharkhand, Sikkim, Tamil Nadu, Telangana, Tripura, and Uttarakhand are the states in India which provide the beneficiaries of the Indira Gandhi National Disability Pension Scheme with the assistance of Rupees 1000 and above. The state of Karnataka can also be said to have assisted rupees 1000 and above but only beneficiaries with more than 75 percent disabilities are provided rupees 1000 and above. Arunachal Pradesh and Goa are the only two states that provided Rupees 2000 to the beneficiaries of IGNDPS which is the highest in the state. Sikkim is the only state that provided 1800 to beneficiaries of IGNDPS.

Coordination among departments

The Directorate of Social Welfare and Tribal Affairs, Directorate of Health and Family Welfare, Rural Development Department, and Directorate of Women & Child Development are all heavily involved in promoting the welfare of the state's disabled population as well as the beneficiaries of IGNDPS. The camps for the identification and certification of elderly and disabled people were arranged by the Directorate of Health & Family Welfare, Government of Mizoram. Anganwadi workers conducted reports, submitted lists of IGNDPS beneficiaries, and identified eligible disabled individuals to the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram. These departments and functionaries support the well-being of people with disabilities and are responsible for the effective execution of the IGNDPS in Mizoram.

Gilead Special School

Established in 1990, Pvt. Unaided is in charge of the school. It's situated at Bawngkawn. There are four grades in the school: 1 through 4. There is a pre-primary division attached to the school. The school does not use the building as a shift school and is not eligible. This school uses Mizo as its instruction language. There is an all-weather road that leads to this school. The academic year at this school begins in

April. There is a private building at the school. There are four classrooms available for use as classrooms. Every classroom is in good shape. Two more rooms are available for uses other than instruction. The school features a pucca border wall, drinking water, three boys' restrooms, three girls' restrooms, a playground, a library, and a separate room for the headmaster/teacher. The library also has 296 books. There isn't a computer-aided learning lab at the school. Lunch is not served at the school.

Special Blind School HS

The Special Blind School HS was founded in 2001 and is supervised by the Pvt. Unaided. It is located in an urban area. It is located in Bungkawn, Aizawl, Mizoram. The school's grades go from 9 to 10. The school is coeducational and does not have a separate pre-primary section. The school is not appropriate and does not use the school building as a shift school. English is the medium of instruction at this school. This school is accessible via all-weather road. The academic session begins in April. The school has a barbed wire fence border wall, an electric connection, water, one boy's toilet and one girl's toilet that is operational. The school contains a playground and a library of 1050 books. The school lacks a computer for teaching and learning reasons. The school does not have a computer-assisted learning lab.

Zoram Entu Pawl (ZEP)

Zoram Entu Pawl is a functional NGO in Mizoram that focuses on health, education, and livelihood activities. It is a charitable social development initiative established by the Catholic Church of Mizoram. ZEP seeks to ensure that human potential is meaningfully expressed in an environment of equal opportunity for both men and women in peace, fairness, and togetherness, guided by the spirit of Tlawmngaihna, Mizo society's traditional virtue of self-sacrifice. ZEP used to arrange community gatherings to raise awareness about maternal and child health services and diseases in Mizoram. It is an agency that organises identification and assessment camps for people with impairments, as well as health camps for the people Mizoram

Beneficiaries and their ages

Firstly, Persons with Disabilities over the age of 18 are covered by the IGNDPS. The beneficiaries who have been contacted are all between the ages of 19 and 88. People with disabilities who are 18 years and above are eligible to receive a monthly disability pension, according to standards established by the Government of India.

Beneficiaries and gender

There are nearly 46.3 percent (139 beneficiaries) of male beneficiaries and more than 53.7 (161 beneficiaries) percent of female beneficiaries. According to data, there are more female beneficiaries than male beneficiaries.

Beneficiaries and marital status

More than 76.7 percent of the beneficiaries are unmarried and not planning to get married. The second-highest percentage of the beneficiaries—15.0 percent—are married. Widows make up 5 percent of the beneficiaries. Male beneficiaries who are separated or divorced make up 3.3 percent. The majority of beneficiaries are unmarried.

Beneficiaries and children

Among the beneficiaries, more than 90.7 percent do not have children, while nearly 9.3 percent do. 15 percent of the beneficiaries are married, and 5.0 percent of the beneficiaries are widows. Therefore, it is not shocking that more than 9.3 percent of people with disabilities are parents. The majority of beneficiaries are single and childless. It is also clear that those receiving pensions for disability are not psychologically prepared to marry. For beneficiaries who are single, the impact of IGNDPS is therefore greater. Lack of education, lack of job opportunities, financial insecurity and unequal access to healthcare are key factors in individuals choosing not to marry.

Beneficiaries and number of children

Nearly 3.3 percent of the beneficiaries are parents of one child. Two children are held by 3.0 percent of the beneficiaries. Three children make up 2.3 percent of the beneficiaries. Additionally, less than one percent of the beneficiaries are parents to four kids. Consequently, 90.7 percent of the beneficiaries are childless. 272 beneficiaries do not have children and 28 beneficiaries do. Only a minority of the contacted beneficiaries have children.

Beneficiaries and educational institutions

Among the 300 beneficiaries, 53.0 percent did not attend a formal institution, and those without an education make up the largest proportion. More than 21.3 percent of the beneficiaries attended primary school, making up the second-largest category and the largest among those who attended formal institutions. 10.3 percent of the beneficiaries attended high school, and less than one percent attended higher secondary school. 1.3 percent of the beneficiaries hold a graduate degree. It is worth noting that nearly 3.3 percent of the beneficiaries attended Gilead Special School in Mizoram, while less than one percent attended Blind School. The parents of beneficiaries who attended special schools are fully aware of the accountable functionaries of IGNDPS.

Beneficiaries and places of study

According to data, nearly 53.0 percent of the beneficiaries did not attend formal institutions or pursue education. More than 42.3 percent said they were enrolled in government institutions. 1.0 percent of the beneficiaries said they were enrolled in private schools. The fact that 3.3 percent of the beneficiaries went to Gilead Special School is particularly noteworthy. Less than one percent of the beneficiaries went to blind schools. As a result, while 53 percent of the beneficiaries did not attend school, 47 percent of the beneficiaries attended formal education. We have government schools, private schools, special schools, etc. in Mizoram.

Beneficiaries and religion

100 percent of the beneficiaries identified as Christian. According to the survey data, there are no beneficiaries who identify as Hindu, Muslim, Jain, Sikh, or any other faith. Christianity is the most common religion, accounting for the majority in 11 districts of Mizoram. Mizoram is a Christian-majority state, hence all IGNDPS beneficiaries are Christians. IGNDPS does not affect Hindus, Muslims, Jains, and so on.

Beneficiaries and denomination

72 percent of the beneficiaries identified as Presbyterian churches. The Baptist Church of Mizoram is the second most common denomination among beneficiaries and 6.7 percent identified as the Baptist church. 4.3 percent of the beneficiaries are members of the United Pentecostal Church Mizoram. A significant number of churches in Mizoram are not disability-friendly, particularly those located in rural areas. Disabled-friendly environments are not commonly found within church premises or on church property. The majority of churches in urban areas of Mizoram are furnished with amenities and offer a handicapped-accessible environment within their premises.

Beneficiaries and family occupation

More than 1.3 percent of the beneficiaries do not work or earn a living. Animal Husbandry accounts for 4.0 percent of the family's occupation. Less than one percent of the family's primary source of income is the water business. 10.0 percent of the family said they used to work on any kind of job if it meant making money. Of the beneficiaries, 5.7 percent are reliant on government work such as part-time sweepers, Anganwadi Workers and others. Tailoring makes up point seven percent of the family's primary means of income. A shopkeeper makes up 2.3 percent of the family, while a metal collector makes up point three percent. 1.3 percent of the beneficiaries of the family sell vegetables. Mistiri makes up less than one percent of the family's primary occupation, cobbling accounts for less than one percent of the beneficiaries, and singing makes up less than one percent of the beneficiaries. The

majority of the family (71.7 percent) is from the farming community, and farming is their primary occupation. Fermented pork fat sales account for point three of the family's primary source of income. Beneficiaries whose family works in agriculture or farming are more affected by the IGNDPS.

Beneficiaries and income sources/income-generating activities

More than 72.7 percent of the beneficiaries do not have a source of income of their own. More than 1.7 percent of the beneficiaries' income comes from raising animals. More than 8.3 percent of the beneficiaries said they could work any job to make money and do any available job. Tailoring is the primary source of income and occupation for 1.7 percent of the beneficiaries. 1.3 percent of the beneficiaries are regular bazaar/street vendors selling vegetables. Shopkeepers make up 1.0 percent of the beneficiaries. Singing in the street brought in money for less than one percent of the beneficiaries. More than 11.7 percent do farming.

Beneficiaries and family size

More than 4.3 percent of the beneficiaries reside independently. More than 11.3 percent of the beneficiaries' household members constitute 2. 12.0 percent of the beneficiaries' household members constitute 3. 18.3 percent of the beneficiaries' household members represents 4. 18.3 percent of the beneficiaries' household members is 5. 11.3 percent of the beneficiaries' household member is 6. 10.0 percent of the beneficiaries possess 7 family members. 5.3 percent of the beneficiaries' household members constitute 8. 4.3 percent of the beneficiaries' family members equates to 9. 3.0 percent of the beneficiaries' total number of family members is 10. Less than one percent of the beneficiaries' family members corresponds to 11. Less than one percent of the beneficiaries' family size is 12. 1.0 percent of the beneficiaries' family size is 13.

Sources of information

Nearly point three percent of the beneficiaries said that family members informed them about the IGNDPS. More than 45.7 percent of the beneficiaries

claimed to have learned about the IGNDPS from Mizoram Upa Pawl members. More than 21.7 percent of the beneficiaries said that Anganwadi Workers were the source of their information about the IGNDPS. Nearly 32.3 percent of the beneficiaries said that Village Council members were the source of their information about the IGNDPS. It is impressive how committed and helpful the three village-level officials in Mizoram—Village Council Members, Anganwadi Workers, and Mizoram Upa Pawl—are to the welfare of the IGNDPS beneficiaries in their community.

Beneficiaries and social category

More than 30.3 percent of the beneficiaries, fall under the category of AAY. The highest percentage of beneficiaries, nearly 53.0 percent, are classified as BPL. The third-highest percentage of beneficiaries, more than 12.7 percent, are classified as APL. The lowest percentage of beneficiaries, nearly 4.0 percent, are covered by PHH. A few beneficiaries stated that the government of Mizoram is unable to provide them with an AAY ration card, even if they would like one, because of seat restrictions.

Health status

Nearly 43.0 percent of the beneficiaries said they had some health issues and were not in good health. The lives of the beneficiaries are severely hampered by a variety of illnesses and disabilities, including kidney problems, nerve problems, spinal cord problems, locomotor disabilities, typhoid, mental retardation or intellectual disability, dwarfism, breast cancer, urinary issues, blindness, low vision, multiple disabilities, etc. Therefore, it is seen that the beneficiaries' general health was poor and that they needed appropriate medical examinations.

Mode of payment

The beneficiaries of the IGNDPS are only paid through bank accounts. The pension is directly deposited into the beneficiaries' accounts by the authority. There is no cash or other form of payment for the pension. The Directorate of Social Welfare and Tribal Affairs, Government of Mizoram, plays a tremendous role in this

regard. The form of payment is very vital to receive the pension. Every beneficiary has a Mizoram Rural Bank bank account. The beneficiaries can conveniently receive their monthly pension from the closest automated teller machine once the amount is issued straight into Mizoram Rural Bank. No selected beneficiary receives their pension each month via Post Office Cheques or any other provider. Despite beneficiary complaints regarding pension funds, it's encouraging to know that every single one of them has a bank account with Mizoram Rural Bank.

Mode of generation of awareness

The IGNDPS concerned department primarily used social media, television, websites, WhatsApp, and other online platforms to execute an awareness-building program. WhatsApp is typically utilised in place of in-person meetings. The competent authority held online meetings via Google Meet, Zoom, and WhatsApp Video Meetings as part of an awareness-raising initiative, particularly during the COVID-19 lockdown. Through the functionaries at the village levels, the government department indirectly carried out an awareness-building effort for the beneficiaries. Nearly 14 percent of the beneficiaries or their parents stated that the relevant authority primarily uses News Paper as a means of raising public awareness. Over 33.7 percent of the beneficiaries stated that they learnt about the program from television. Websites on the internet provided the information to 27 percent of the beneficiaries. 42 percent of the beneficiaries said they got departmental updates and awareness through WhatsApp. The Utube channel provided information and awareness to around 6.3 percent of the beneficiaries. Approximately 10.3 percent of the beneficiaries reported being unable to assign authority to the awareness-generating mode.

Awareness generation level

The awareness generation level is good. Around 81.0 percent of the beneficiaries provided answers indicating a good level of awareness, which is impressive. This demonstrates how effectively local-level functionaries are carrying out their duties and how district and state-level authorities are collaborating to ensure

the welfare of the beneficiaries.

Health check-up

More than 7.3 percent of the beneficiaries undergo routine medical examinations. Nearly 79.7 percent of the beneficiaries have had sporadic medical examinations. Nearly 13.0 percent of the beneficiaries said they never received a medical examination. Some of the beneficiaries stated that they are unable to routinely afford to visit the hospital for checkups as they reside in rural areas of Mizoram.

Health, Social and Economic conditions

Firstly, more than 57.0 percent felt that the IGNDPS had a positive effect on their health. More than 23.7 percent said that IGNDPS did not have an impact on their health. Secondly, nearly 41.0 percent of the beneficiaries said that the IGNDPS had a positive influence on their social status. More than 14.7 percent of the beneficiaries said that it did not have impact on their social status. Thirdly, 44.3 percent of the beneficiaries said that the IGNDPS had a positive effect on their financial situation, while 26.0 percent said they strongly disagreed.

Problems of the beneficiaries in getting monthly pension (IGNDPS)

Firstly, 87.3 percent of the beneficiaries said they strongly agreed that their monthly pension was insufficient. Secondly, 72.3 percent of the beneficiaries said they strongly agreed that their monthly pension is not consistent. Thirdly, 93.0 percent of the beneficiaries indicated that they strongly agreed with the statement provided to them and strongly agreed that the beneficiaries' verification and selection processes are very strict.

Beneficiary level of knowledge

The beneficiaries were questioned about their knowledge of the RPwD Act of 2016, the monthly pension, and the responsible functionaries. According to the data, more than 68.3 percent of the beneficiaries are aware of all the pertinent details and

inquiries made about them. Nearly 31.7 percent of the beneficiaries said they were unaware of it or did not know anything about it.

Availability of equipment and translator in the school

More than 71.3 percent of the beneficiaries stated that they saw the issues that were presented to them and that the schools still lacked handicap-accessible infrastructure. According to beneficiaries who attended formal education, they saw a lack of trained teachers, a lack of PWD-specific techniques, a lack of disabled-friendly environments and restrooms, a lack of medical assessment camps, a lack of infrastructure facilities for PWDs, a lack of child care facilities, a lack of stairways, a lack of wheelchairs, and a lack of restrooms.

94.0 percent of the beneficiaries said that their schools no longer had access to equipment or assistive devices. Beneficiaries or students with disabilities enrolled in official government schools did not receive transportation allowance, escort allowance, book and stationery allowance, boarding or hostel accommodations, or uniform allowances. 96.0 percent of the beneficiaries reported that their schools did not provide blind students with interpreters. Remarkably, just 4.0 percent of the beneficiaries who attended Gilead Special School and Blind School stated that their schools provided interpreters for visually impaired students.

Problems of the beneficiaries

Roughly 99.6 percent of the beneficiaries stated that they could not even partially satisfy their basic needs with the complete amount of pension, making it insufficient. Thus, Rs.400 cannot be all that successful in terms of satisfying one's livelihood. Approximately 31.7 percent of the beneficiaries stated that they were not fully aware of the NSAP and IGNDPS since the awareness-generating initiative was not executed correctly.

Beneficiaries indicated that the pension was irregular and that they did not receive it regularly. They may or may not receive it each month, depending on the situation. Because of this, about 99.6 percent of the beneficiaries have grievances and

concerns about how frequently the program runs. Among the issues, the beneficiaries witnessed rigidity in the selection and replacement procedure. They stated that because of inadequate central or state funding contributions for the program, it is very difficult to enrol new beneficiaries. Disabled individuals need to replace the deceased beneficiary to become one beneficiary.

Therefore, more than 99.7 percent of the beneficiaries reported having experienced problems with selection and replacement procedures such as rigidity. Almost 98 percent of the beneficiaries reported that the schools in their communities did not offer benefits like escort allowances, transportation allowances, or boarding allowances for students. A staggering 94 percent of the beneficiaries stated that their schools did not provide wheelchairs, crutches, spectacles, hearing aids, textbooks in tiny print, slates, styluses, or braille books. About 71.3 reported that they had not seen enough of the following in their neighbourhood or the school they attended: teachers, insufficient plans for people with disabilities, accessible restrooms, or rest spots.

Problems witnessed by administrative officials

Officials from Mizoram reported that the financial support provided to IGNDPS beneficiaries is insufficient, as it does not cater to a wider population segment or sustain the impoverished people. Due to financial instability and the lack of appropriate revenue streams to assist NSAP, particularly IGNDPS beneficiaries, the state contribution is also inadequate.

One of the biggest issues the officials see is the absence of medical facilities to diagnose different kinds of disability. Medical facilities needed to diagnose different kinds of disabilities are lacking in Mizoram's hospitals, which negatively impacts the lives of those who are disabled. A disability certificate is required for those with disabilities. The type of disability must be determined or confirmed by the medical authorities in collaboration with a few pertinent medical facilities for the individual to have a disability certificate. Thus, this represents one of the difficult issues. The aspect of people with disabilities is hampered by rigid disability

measurement, which leaves out children who also have difficulties. Furthermore, less than 80 percent of people with disabilities are disabled. Individuals with disabilities who are impoverished and have less than 80 percent disability are not eligible for the IGNDPS. Accordingly, the program falls short of meeting the requirements established by the Ministry of Rural Development, the Government of India.

Suggestions

The following suggestions have been put out to help beneficiaries and people with disabilities overcome obstacles, as well as to improve the performance of those in charge in this particular field. The following suggestions have been made to improve the living conditions of beneficiaries and people with disabilities in Mizoram as IGNDPS is a program designed to better the socioeconomic conditions of the beneficiaries and the welfare of people with disabilities.

Disability certificate

It is crucial to note that all beneficiaries must possess a Disability Certificate from the Directorate of Social Welfare and Tribal Affairs, Government of Mizoram. Additionally, PwDs who are not currently covered by the scheme must obtain a Disability Certificate before becoming beneficiaries. Therefore, to make PwDs or their parents aware of the significance of obtaining an early Disability Certificate, the State Government needs to carry out more awareness-raising campaigns through field-level functionaries, television, the internet, newspapers, etc. A few of the beneficiaries lost their Disability Certificates that they had previously obtained.

Regular disbursement of pension

According to the survey data, some beneficiaries stated that the monthly pension scheme was irregular, even though some beneficiaries claimed that the pension they received was regular. According to some beneficiaries, the pension was paid out irregularly. Therefore, the Mizoram government should work to ensure that the beneficiaries receive a monthly pension or other financial support on time, with no needless delays or irregularities. Their monthly pension has to be paid to them

every month to minimize complaints from the beneficiaries.

The Criteria relating to BPL must be revised and changed

The IGNDPS scheme targets populations below the poverty line (BPL). BPL Targeting leads to high barriers, and one study estimated that PWDs with severe disabilities and in the lowest income decile are excluded from the national disability pension. While income or consumption-based poverty line may serve the purpose of tracking a decline in poverty, it does not convey any information about how vulnerable the people just above the poverty line are. According to official sources, the BPL Census, 2002 (conducted by the Ministry of Rural Development (MRD) along with States/UTs) is used to identify beneficiaries under IGNDPS.

Eligibility should be based on vulnerability rather than income alone

For example, certain groups of the population move in and out of poverty at frequent intervals based on the seasonality of work. If social protection programs targeted to address poverty use income as an eligibility criterion, the program may not provide coverage to vulnerable groups.

Role of family members

To support the family members who are disabled, the relatives must cooperate. The majority of the selected beneficiaries have more than three family members. Therefore, the quality of health and living conditions of people with disabilities in society can be higher if every family member is devoted to caring for the disabled members of the family. Family members are required to transport them to hospitals for checkups. Family members must assist them in getting them to the doctor for identification and verification to receive a disability certificate.

Education & Awareness among parents

More beneficiary parents need to be well informed about their parents' medical issues and types of disability. Many parents are unaware of the right ways to care for their PwDs when to take them to the doctor or hospital for treatment, and the

medicine that their PwDs should take daily. Therefore, the State Government must work to educate the parents of beneficiaries in every village about the health conditions of people with disabilities (PwDs), the necessary medicines and treatment they need to take, the significance of getting frequent checkups, and other relevant information. Regular health checkups for PwDs or beneficiaries in each village should be entirely the responsibility of the health functionaries, such as health workers and health and wellness officials. Parents are responsible for making sure PwDs in their family live in healthy environments and take the necessary medications.

Enhancement of state contribution

The State Government of Mizoram or the Directorate of Social Welfare & Tribal Affairs, Government of Mizoram, must also increase the current pension amount. The beneficiaries made good use of their IGNDPS monthly pension to purchase food, medicine, and other necessities. The beneficiaries' social status, financial situation, and general health are all greatly improved by the monthly pension. The beneficiaries will benefit more from a larger pension amount than they currently receive, and their standard of living will increase.

Greater population or larger coverage

According to some of the community members, there are people with disabilities who live in poverty and lower socio-economic groups and who must be confirmed by the government to receive a monthly pension. They claimed that the program must be inclusive for people with disabilities in Mizoram, the number of beneficiaries must be raised and the IGNDPS must cover more needy beneficiaries. Therefore, it is recommended that to reap the benefits of the pension scheme, the government of Mizoram must make a sincere effort to include a greater population. Currently, Mizoram provides a monthly pension to 742 Persons with Disabilities; however, if the State Government of Mizoram makes extra efforts, this figure could rise.

Strategies for effective caregiving

Self-Care: Caregivers must prioritize their well-being to effectively support their loved ones. This includes taking breaks, seeking support from friends and family, and engaging in activities that bring joy and relaxation.

Communication: Open and honest communication is essential in the caregiver-recipient relationship. Caregivers should actively listen to their loved ones' needs, preferences, and concerns, and communicate their boundaries and limitations.

Advocacy: Caregivers play a vital role in advocating for their loved one's rights and needs. Whether it's accessing healthcare services, securing accommodations, or promoting inclusion in the community, caregivers can be powerful advocates for change.

Education: Continuously educating oneself about the specific disability and available resources is crucial for effective caregiving. This includes understanding medical conditions, learning about assistive technologies, and staying informed about relevant policies and legislation.

Seeking Support: Caregivers should not hesitate to seek support from professionals, support groups, or online communities. Connecting with others who are facing similar challenges can provide validation, empathy, and practical advice.

Respite Care: Taking regular breaks from caregiving responsibilities is essential for preventing burnout. Respite care services, which provide temporary relief for caregivers, allow them to recharge and attend to their own needs.

Strengthening civil society organisations working in the field of Disability

Civil Society Organisations that work in the field of disabilities, such as Mizoram Upa Pawl, Young Mizo Association, and Mizo Hmeichhe Insuihkhawm Pawl, should be strengthened in a way that would boost their capacity and competence to assist people with disabilities. The Mizoram government ought to be grateful for the unpaid work they did or the programs they provided for people with

disabilities in their communities. Therefore, the State Government of Mizoram must provide financial, material, and moral support to active Civil Society Organisations like Mizoram Upa Pawl members to assist the relevant department in identifying individuals with disabilities in their villages more actively.

Strengthening Anganwadi Workers & Village Council member

The Directorate of Social Welfare & Tribal Affairs, a responsible department of the Government of Mizoram, cannot provide all the services required for individuals with disabilities or the beneficiaries of the IGNDPS in Mizoram without the participation of Anganwadi Workers and Village Council Members. 26 percent of the beneficiaries said that Anganwadi Workers are the village level functionaries and 28.3 percent of the beneficiaries said that Village Council members are responsible in their communities. The current compensation of Anganwadi Workers and Village Council members is extremely inadequate, and they are not satisfied with it. For them to devote more time to assisting the responsible directorate in identifying individuals with disabilities in their areas, their compensation must be increased.

Sufficient personnel

It is necessary to fortify or augment the workforce, particularly at the directorate level. Field survey demonstrated that one of the issues of the State Government is the lack of employees or authorities. Since the beneficiaries of the IGNDPS are dispersed over several villages in Mizoram's remote areas, it is not possible to conduct regular field visits for thorough verification due to a lack of workers. For effective verification, the verification team needs sufficient time and members. Due to advancements in technology, beneficiaries' or their parents' cell phones can also be used for verification. The process of verification involves phone calls in Mizoram.

Rigid disability measurement

According to Central Government criteria, the IGNDPS is only available to individuals who meet the minimum eligibility requirement of at least 80 percent of

the disability. In the meantime, some disabled people require care and support from the Mizoram State Government because they are impoverished and even if are not even qualified for the IGNDPS. Rigid disability measurement hampers the aspects of the persons with disabilities in Mizoram. It is necessary to ensure that all the needy persons with disabilities living in poverty are covered by the IGNDPS in Mizoram.

Strengthening government hospitals

Government hospitals need to be modernized and outfitted with facilities and amenities to accurately diagnose many types of disabilities. Work is done diligently by the Civil Hospital in Aizawl and Zoram Medical College to identify different types of impairments. Therefore, if some other government institutions have good medical equipment to diagnose and identify various forms of handicaps, it will be easier to fulfil the requirements. A training program for all medical staff is necessary to carry out the mission that will increase the number of doctors who are knowledgeable of how to recognize disabilities. The OCPD, Government of Mizoram states that the majority of medical staff are not qualified to fully diagnose a wide range of disabilities. The RPWD Act of 2016 needs to be understood by all medical professionals to ensure that it is applied correctly.

Strengthening public buildings & educational institutions

It may be difficult for people with disabilities to enter many public facilities, hospitals, schools, and even churches, but doing so will help them address their health difficulties, it is crucial to develop freely accessible and barrier-free environments for people with disabilities in all public buildings and educational institutions. All government agencies must carefully follow the guidelines for making reservations for both DP and AR. The Aizawl Municipal Corporation (AMC) is also responsible for ensuring that public buildings in Aizawl Municipal areas are constructed in a way that makes them universally accessible and in compliance with the AMC construction criteria of 2012.

Disability inclusive environment

It is found that the beneficiaries did not receive a formal education because there were no qualified teachers available to teach the students with disabilities, they were unable to learn new skills, and they were unable to form friendships in the classroom. The government schools, specifically the elementary, middle, and high schools, should offer a disability-inclusive environment in Mizoram. Furthermore, a minimum of one certified teacher with a specific Bachelor of Education is required to instruct disabled individuals or those with employable qualities in Mizoram.

Resources & Facilities

Resources, tools, and assistive technology for PwDs and instruction must be available at the school. In actuality, there aren't enough schools that are accessible to people with disabilities, which prevents those who are capable of attending from doing so. Even though Mizoram has special schools in its urban areas, PwDs in its rural areas lack the resources, and special schools in their areas/villages/blocks. The Mizoram government must therefore make all of the local government schools handicap accessible by updating and equipping them. Poor people with disabilities need to have access to formal education.

Early disease prevention

Some beneficiaries or people with disabilities were unable to receive medical care in time as it was too much for even the parents to pay for the necessary medical care. Avoiding long-term impairments requires early disease prevention. Because of not receiving early prevention and detection of their diseases, many beneficiaries are permanently disabled. Data from the survey indicates that the beneficiaries' health is appalling. Therefore, the Mizoram government must organize more health camps for persons with disabilities and children with disabilities to receive early treatment to prevent chronic illnesses or disabilities.

Supportive devices and tools

Beneficiaries with locomotor disabilities who require wheelchairs and assistive materials to support their walking were found through the survey data. Although many of the wheelchairs are too old, too small, or not user-friendly enough for the beneficiaries with locomotor disabilities, some of them have already been provided by the Mizoram government. Additionally, some beneficiaries require government-provided hearing aids due to hearing impairments. Certain beneficiaries require special glasses due to low vision, but they are unable to purchase them. Therefore, the Mizoram State Government is asked to go above and beyond to furnish beneficiaries who are in need and living in poverty with wheelchairs, hearing aids, and eyeglasses.

Income generating activities

Some of the beneficiaries can make money from a variety of sources. Intriguingly, the community recognizes and values the activities that individuals with disabilities can participate in. Therefore, resources and financial support must be given to all beneficiaries or people with disabilities who may participate in income-generating activities. Some beneficiaries truly require help and backing from the government. The beneficiaries' socioeconomic circumstances will be improved and their level of living will be raised.

Outdoors and recreational activities

Persons with disabilities can participate in numerous activities. The Mizoram state government must provide them with additional possibilities to foster a sense of community, self-esteem, and belonging among people with disabilities. Outdoor play and recreational activities for people with disabilities must be organized so that not only IGNDPS beneficiaries, but all people with disabilities, can live a healthy lifestyle. The state government must attempt to provide funds or specific programs for developing outdoor games and recreational activities for people with disabilities in Mizoram.

Limitations of The Study

Out of 742 beneficiaries, 300 were visited for the study. The beneficiaries resided in various areas, villages, and districts of Mizoram. The total number of beneficiaries is relatively low, especially when compared to other schemes under NSAP. If the total number of beneficiaries were around 5000, conducting field visits or surveys would be less challenging. It is not feasible to find beneficiaries in every village in Mizoram.

All 11 districts including Aizawl, Serchhip, Hnahthial, Lunglei, Lawngtlai, Siahla, Champhai, Saitual, Kolasib, Khawzawl, and Mamit were visited. During the field survey, the main challenges encountered were poor road connectivity and a lack of guest houses. Some beneficiaries were not available during the visits, potentially impacting the criticality of the survey data and findings.

All the visited villages have village council members or Anganwadi workers who are extremely helpful in identifying beneficiaries. Despite their availability to assist, certain beneficiaries or their parents struggled to provide sufficient or suitable answers. In such cases, input from other community members is sought. Hence, greater awareness of the scheme among beneficiaries or their parents can lead to obtaining more valid and precise data.

Dealing with people is difficult as it requires patience, humility, and intelligence. The purpose of the survey questionnaire is to specifically address significant research gaps and provide answers to pertinent research questions. Therefore, the community, administrative officials, and beneficiaries' voices are represented in the findings.

Scope for Future Research

The focus needs to be on addressing the issues faced by individuals with disabilities for their betterment today and in the future. It's not feasible for a single department or ministry to conduct surveys for all individuals with disabilities. Therefore, the involvement of more researchers with an interest in the field of

disability is essential to gather accurate data and achieve success. The lack of administrative officials to carry out field visits and surveys hampers the responsible department. Thus, the active participation of more researchers in the field of disability is necessary in Mizoram.

Identifying various types of disabilities is necessary. Entitling various persons with disabilities is important. Major problems such as financial instability, inflexible disability measurement, inadequate pension amounts, insufficient facilities, and lack of disabled-friendly public buildings and institutions are still prevalent. Therefore, researchers can focus on many areas in disability research.

Conclusion

The administrative officials had difficulties in matters relating to the selection and replacement process of the beneficiaries. Due to various factors such as poor health, poverty, poorly maintained roads, and inadequate transportation, the beneficiaries were unable to obtain a Disability Certificate. The administrative officials had to overcome several obstacles while implementing the scheme. Therefore, there must be proper coordination among the functionaries of IGNDPS to work together properly and enhancing their monthly pension amount is a must. The monthly pension must first be credited to the beneficiary's bank account or post office account, whichever is more practical. The success of the RPWD Act 2016 can be significantly increased by involving the community through Civil Society Organisations in Mizoram. Some government programs for disabled individuals are being overseen and monitored by the Young Mizo Association (YMA), Mizo Hmeichhe Insuihkhawm Pawl (MHIP), Mizoram Upa Pawl (MUP) and others. Therefore, the inclusion of Civil Society Organisations in numerous government programs for people with disabilities is necessary for proper implementation of every developmental programme in Mizoram.

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